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The specific objectives of this study were to:

1. Compile a comprehensive list of Navy alcohol and drug abuse education and training curricula.
2. Develop criteria by which to assess the adequacy of Navy alcohol and drug education and training curricula.
3. Assess to what extent Navy alcohol and drug abuse education and training curricula meet those criteria.
4. Make recommendations for standardization of course content and cost estimates for implementing those recommendations.

Curriculum materials were collected and reviewed against evaluation criteria derived from the original mission statement and tasking. Forty-four courses/programs were identified. Of these, 14 encompassed the bulk of training or prevention programs. The developed evaluation criteria were applied to these 14 courses.

Comments are provided for each course including a brief description and stated objectives. A summary comparing all courses is included along with study team observations based upon field interviews, cost analyses of the courses, and reviews of other military service programs.

Recommendations for improving the curricula as a whole, including both in-house and contractor options, and estimated costs are provided in the final section of the report.

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Technical Report 86-003

Technical Report-86-003  
ASSESSMENT OF NAVY ALCOHOL  
AND  
DRUG ABUSE EDUCATION  
AND  
TRAINING CURRICULA  
REVISION REQUIREMENTS.

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Training Analysis and Evaluation Department  
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February 1986

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Technical Report 86-003

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## EXECUTIVE SUMMARY

The Chief of Naval Operations (CNO) has taken a firm, constructive approach to drug and alcohol abuse problems in the Navy. Navy policy outlined in OPNAVINST 5350.4 provides the framework for the Navy's Alcohol and Drug Abuse Program (NADAP). This policy calls for zero tolerance toward criminal drug abuse and professional rehabilitation and treatment for alcohol related problems.

Because of the perceived need for improved standardization and effectiveness of NADAP course instruction, the Director, Total Force Planning and Training of the Office of the Chief of Naval Operations (OP-11) in December 1983 requested the Training Analysis and Evaluation Group to assess the need for revision of Navy alcohol and drug abuse education and training curricula in order to achieve accuracy, consistency, timeliness, and commonality of objectives among programs with similar purposes.

## OBJECTIVES

The specific objectives of this study were to:

1. Compile a comprehensive list of Navy alcohol and drug abuse education and training curricula;
2. Develop criteria by which to assess the adequacy of Navy alcohol and drug education and training curricula;
3. Assess to what extent Navy alcohol and drug abuse education and training curricula meet those criteria;
4. Make recommendations for standardization of course content including cost estimates for implementing those recommendations.

## RESULTS

Curriculum materials were collected and reviewed against evaluation criteria derived from the original mission statement and tasking. Forty-four courses/programs were identified. Of these, 14 encompassed the bulk of NADAP personnel training or prevention programs.

The developed evaluation criteria were applied to these 14 courses. Comments were provided for each course including a brief description and listing of objectives. A summary comparing all courses was prepared. Also included were study team observations based upon field interviews, cost analyses for the courses, and reviews of other military service programs.

## RECOMMENDATIONS

A phased set of recommendations for improving the curricula as a whole, including both in-house and contractor options and estimated costs is included as follows:

Executive Actions

1. Establish a development priority list.
2. Designate a course model manager for each course.
3. Establish a course content review board.
4. Establish levels of authority for making changes in the curricula.
5. Explore the possibility of combining some of the courses starting with the supervisor courses.

School Actions

6. Rewrite objectives as part of normal course maintenance.

Support Actions (in-house or contractor)

7. Conduct a job/task inventory and construct personnel performance profiles (PPP) for the DAPA and CAAC counselor
8. Evaluate selected courses and conduct cost benefit analysis.
9. Establish job aids to support DAPA, and Commanders.
10. Revise curricula, in order of priority, to support the PPP table and take advantage of job aid support packages.



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## INTRODUCTION

The Chief of Naval Operations (CNO) has taken a firm, constructive approach to drug and alcohol abuse problems in the Navy. Navy policy outlined in OPNAVINST 5350.4 provides the framework for the Navy's Alcohol and Drug Abuse Program (NADAP). This policy calls for zero tolerance toward criminal drug abuse and professional rehabilitation and treatment for alcohol related problems.

The implementation of the NADAP program includes independent efforts of individual commands and schools to develop or procure training and education programs. The rapid growth of these programs has been characterized by a lack of adequate coordination and apparent duplication of effort. Further, many of the courses were not developed using a single curriculum development standard. The recent introduction of the Submarine Training Materials Development Guidelines and Production Specifications (NAVSEA OD 45519) as the single Navy standard for instructional development may provide needed guidelines for producing standardized training materials. However, the adoption of NAVSEA OD 45519 development guidelines has not yet had a major impact on the courses making up the NADAP program.

Because of the perceived need for improved standardization and effectiveness of NADAP course instruction, the Director, Total Force Planning and Training of the Office of the Chief of Naval Operations (OP-11) in December 1983<sup>1</sup> requested the Training Analysis and Evaluation Group to assess the need for revision of Navy alcohol and drug abuse education and training curricula in order to achieve accuracy, consistency, timeliness, and commonality of objectives among programs with similar purposes.

## OBJECTIVES

The specific objectives of this study were to:

1. Compile a comprehensive list of Navy alcohol and drug abuse education and training curricula;
2. Develop criteria by which to assess the adequacy of Navy alcohol and drug education and training curricula;
3. Assess to what extent Navy alcohol and drug abuse education and training curricula meet those criteria;
4. Make recommendations for standardization of course content including cost estimates for implementing those recommendations.

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<sup>1</sup>CNO ltr Ser 115/369506 of 9 Dec 83

## **ORGANIZATION OF THIS REPORT**

In addition to the Introduction, this report contains three major sections. The Approach section contains a brief description of Navy drug and alcohol curricula, a summary of procedures used for data collection and analysis, and an outline of assumptions used in the cost analysis. The Results and Discussion section summarizes the major findings of the study and includes study team observations based upon field interviews and the results of the cost analysis for the program and courses. In addition, this section discusses the implications of the findings and refers the interested reader to the several appendices for more detailed information. The Conclusion and Recommendations section contains several general conclusions aimed at course improvement in those areas found deficient. Recommendations in this section are divided into three sets of actions appropriate to executive, school, and support agency levels of the NADAP. Appendix A contains the objectives from each of 14 course/programs along with comments. Appendix B is a summary of other service programs. Appendices C and D contain curriculum outlines (plans of objectives) for selected Air Force and Army courses, respectively.

## **APPROACH**

This section of the report describes the approach used to meet the objectives described in the Introduction. Included are brief descriptions of the courses of instruction studied, criteria used in the evaluation, types and sites of interviews, assumptions and constraints for the cost analyses, and procedures for reviewing similar Air Force and Army programs.

## **PROGRAM DESCRIPTION**

The Navy has established a comprehensive substance abuse prevention program which has resulted in numerous course offerings. Significant individual and command initiative has been used in creating training and education programs which meet overall NADAP objectives. This is especially true where regional course differences exist due to emphasis placed on the use of local expertise.

Training courses and prevention programs are designed to support a three level approach to substance abuse prevention. The first level is prevention which is carried on through education programs conducted under contract and the command Drug and Alcohol Program Advisors (DAPAs). The second level involves out-patient care which is centered in the activities of a network of 65 counseling and assistance centers (CAACs). The third level is resident rehabilitation, which takes place at three centers run by COMNAVMILPERSCOM and 24 centers run by the Naval Medical Command. With COMNAVMILPERSCOM (Code 634) assistance, various curriculum materials were collected and reviewed against evaluation criteria derived from the original mission statement and tasking. Forty-four courses/programs were identified. Of these, 14 (table 1) encompass the bulk of NADAP personnel training or prevention programs. These courses were the basis of the present study. Many courses or workshops exist to orient supervisory and leadership personnel as to their roles and responsibilities in the Navy drug and alcohol program. These were not included in this analysis. More extensive descriptions of the courses listed in table 1 are provided in appendix A.

The developed evaluation criteria were applied to courses listed in table 1. Comments were provided for each of the 14 courses and included a brief course description and listing of the terminal objectives. A summary comparing all courses was prepared and is presented in the Results and Discussion section.

## **REVIEW CRITERIA**

One objective of this review study was to assess the accuracy, consistency, timeliness, and commonality of objectives. These concepts were operationalized or further defined in order to apply them to the various curricula. The operational definitions are:

Table 1

Alcohol and Drug Abuse Curricula in Analysis

<u>Type</u>	<u>Title</u>
Job Training	<p>Visiting DOD Health Care Professionals (HCP) Course on Alcoholism</p> <p>Basic Counselor Course</p> <p>Advanced Counselor Course</p> <p>Aftercare Program Manager (APM) Course</p> <p>Drug and Alcohol Program Advisor (DAPA) Course</p>
Prevention	<p>Navy Alcohol and Drug Substance Abuse Prevention (NADSAP) Program</p> <p>Substance Abuse Education in Accession Curricula</p> <p>Recruit Training</p> <p>NROTC</p> <p>Officer Indoctrination Course</p> <p>Air Officer Candidate School</p> <p>Officer Candidate School*</p>
Supervisory Orientation	<p>Drug and Alcohol Management Seminar</p> <p>OEC Supervisor Workshop</p> <p>COMSUBLANT Supervisor Course</p>

\* Accession orientation is grouped as prevention although in the case of the officer candidate material it resembles supervisory orientation.

### Accuracy

1. Facts and information about drugs and alcohol are consistent with accepted current policy and procedures as established by OPNAVINST 5350.4.
2. Policy statements and procedures are based upon current directives.

### Consistency

1. Policy statements and procedures agree across courses and documents.

### Timeliness

1. Policy statements and procedures support current Navy policy.
2. Objectives are in appropriate format and are measurable. Instructional strategy and media options are appropriate to instructional objectives.

### Commonality

1. Policy statements dealing with the same subject agree across courses.
2. The degree of course overlap is minimal.

Each of the 14 courses was carefully analyzed and the results summarized by curriculum development specialists at the Naval Training Systems Center (NAVTRASYSCEN) who systematically applied these criteria during the curriculum analysis phase of the study.

## **INTERVIEWS**

In addition to the curriculum objectives review, several key personnel were interviewed to gain additional perspectives and opinions relating to the existing courses and evaluation criteria. Selection of individuals for interviews was based on their knowledge of one or more courses reviewed and accessibility to the study team. These individuals are listed in table 2.

## **COST ANALYSIS**

An additional objective of the study was to assess the cost associated with each program studied. Direct expenses are mainly personnel costs with "student" salaries forming the largest part of the total. Travel and per diem expenses were included, but facilities, supplies, and equipment were assumed to be a minimal expense. Overhead expenses were not included. The resulting costs for each program are mainly instructor and student salaries. The cost data were gathered by telephone calls to course points of contact.

Table 2

## NADAP Personnel Interviewed

Name	Organization		
Mr. D. Kreglo	Naval Drug Rehabilitation Center (DRC)	NAS	Miramar, CA
Mr. C. Petree	Naval Alcohol Rehabilitation Center (ARC)	NS	San Diego, CA
CDR B. Johnston	Navy Alcohol & Drug Rehabilitation Center	NS	San Diego, CA
Sr Chief R. M. Stevenson	Service School Command	NTC	San Diego, CA
LT Destafney	Counseling & Assistance Center (CAAC)	NAS	Miramar, CA
LT Wood	Counseling & Assistance Center (CAAC)	NAS	Pensacola, FL
Sr Chief Parks	Counseling & Assistance Center (CAAC)	NAS	Pensacola, FL
Sr Chief Lindberg	Counseling & Assistance Center (CAAC)	NAB	Little Creek, VA
BMC Brandt	Counseling & Assistance Center (CAAC)	NS	Norfolk, VA
Mr. T. Johnson	Naval Alcohol Rehabilitation Center (ARC)	NAS	Jacksonville, FL
CDR Weittenhiller	Naval Alcohol Rehabilitation Center (ARC)	NS	Norfolk, VA
Dr. J. Taylor	Naval Military Personnel Command	NA	Washington, DC
Sr Chief Stanard	Chief of Naval Education & Training	NAS	Pensacola, FL
Ms. G. Cribb	NADSAP Program	NAS	Pensacola, FL
LCDR D. Koch	NADSAP Program	NS	Norfolk, VA
Mr. D. Samick	Naval Medical Clinic	NS	Norfolk, VA



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Cost was calculated on an annual basis. The following assumptions were used:

Travel costs	\$400/person
Per Diem	\$35/day BEQ/BOQ
Personnel	\$50,000/year per Navy Billet Cost Model
Training Days	250/year

### **OTHER SERVICES SUBSTANCE ABUSE PROGRAMS**

Because the NADAP program is based at least in part on Department of Defense policy guidance, it was felt that valuable "lessons learned" and additional guidance for standardization and effective program administration could be obtained through an examination of the other services' substance abuse programs. To this end, the curricula described in table 3 were obtained from the Army and Air Force. In addition, implementing directives and policy statements were reviewed. The outcome of this review is contained in appendix B. This information proved valuable in assessing Navy programs and in developing recommendations for improvement.



Table 3

Air Force and Army Courses Reviewed

AIR FORCE	
Basic Airman DA education	
NCO prep DA education	
ROTC/OTS DA education	
Key person DA education	
Supervisors DA education	
DAAC Counselor training	
Advanced DAAC Counselor training	
Social Action staff officer training	
ARMY	
Enlistees ADAPCP* (replacement center)	
Enlistees ADAPCP (overseas unit)	
NCO ADAPCP	
Officer ADAPCP (contemporary leadership challenges)	
Behavioral Science Specialist training	
DA rehabilitation training (individual)	
DA rehabilitation training (group)	
DA abuse family counseling	
ADAPCP team training	
ADAPCP management	

\* Alcohol and Drug Abuse Prevention and Control Program

## RESULTS AND DISCUSSION

The Navy drug and alcohol program is aimed at reducing substance abuse to zero, and providing early recognition and treatment for otherwise productive individuals who experience difficulty with the use of alcohol. It is difficult to separate the contributions of individual training and prevention programs from other measures such as urinalysis testing in meeting these two program goals. The findings presented in this section address the control of course/program content, the management of the overall program, and program costs. The data for each course in table 4 identify the recommended priority of command action related to that course, specific actions required to correct course deficiencies identified during the application of curriculum review criteria, and the total current cost for the operation of that course. Comments on individual courses are in appendix A.

### CURRICULA ANALYSES

Several caveats are appropriate to the interpretation of the data contained in this section. During the period of study, two courses each designed to train counselors were merged into one new basic course. Advance drafts of the new course curriculum were used as a basis for comments in this study. However, it is expected that further course refinements will continue which may negate some of the conclusions reached in this report.

Other changes which will undoubtedly affect the program are the co-location of the Counseling and Assistance Center (CAAC) and the Navy Alcohol and Drug Substance Abuse Prevention (NADSAP) program on many bases, and the merging of the Alcohol Rehabilitation Center (ARC) with the Alcohol Rehabilitation Station (ARS) at Jacksonville.

Each of the recommended actions is related to one of the four general aims of the study, which was to compare objectives across curricula for accuracy, consistency, timeliness and commonality. The recommended actions take into consideration the state of the objectives, the interview data (which was limited), current research literature where relevant, and accepted educational practice.

### NADSAP

This program was assigned a command action priority 2 because of the high cost and the unknown benefits of the program. Accuracy and consistency were defined in terms of accurate content which is consistent with policy. Timeliness was associated with current educational practice and educational strategy. NADSAP strategies are questionable in light of the findings of The Napa Drug Abuse Prevention Project Prevention Research Report (U.S. Department of Health and Human Services, 1984). This extensive and well conceived study found no support for the strategies of prevention similar to those being used in the NADSAP program. In light of this, a cost benefit analysis (CBA) is recommended. In terms of commonality, the program had very little overlap with the other programs/courses. In this 36 hour course, over two-thirds of the course outline deals with subjects other than

Table 4

## Summary of Curriculum Review and Cost Analyses

No.	Name	Action Priority	Curriculum Review Outcomes			
			Accuracy/Consistency	Timeliness	Commonality	Cost
1.	NADSAP	2	CBA	ID	-	6,000,000
2.	Basic Counselor	4	JA	ID	0-3, 4, 5	3,672,000
3.	Advanced Counselor	4	JA	ID	0-2, 4, 5	147,000
4.	Aftercare PM	-	CNCM	ID	0-2, 3, 5	2,247,400
5.	DODHCP	-	CNCM	ID	0-2, 3, 4	935,000
6.	DAPA	1	JA	ID	-	1,500,000
7.	D&A Management	3	CD-8, 9	ID	0-8, 9	195,000
8.	OEC Supervisor Workshop	3	CD-7, 9	ID	0-7, 9	Not costed
9.	COMSUBLANTSUPER	3	CD-7, 8	ID	0-7, 8	Not costed
10.	Recruit Training	-	CNCM	ID	-	1,900,000
11.	NROTC	-	CNCM	ID	0-12-14	110,000
12.	OIC	-	CNCM	ID	0-11-14	100,000
13.	AOCS	-	CNCM	ID	0-11-14	9,000
14.	OCS	5	UP	ID	0-11-13	27,000
Total Accession*		-	CNCM	ID	-	2,146,000
<u>Key</u> CD-N Combine with and develop with - number CNCM Continue normal course maintenance ID Instructional development needed JA Conduct job analysis CBA Conduct cost benefit analysis 0-N Overlaps with number UP Needs update on references * 10-14 combined						

substance abuse. The emphasis in this course on values clarification could lead to the questioning of traditional Navy values such as teamwork and duty.

### Basic Counselor, Advanced Counselor

The counselor courses were given a command action priority 4 to allow for stabilization after the merger of the two schools. Because of the importance of the courses to NADAP, they are being given considerable attention. It appears that the expert staff members working on the curriculum understand the needs of the fleet. However, since controversy exists over some parts of the curriculum, the process of continued maintenance of the courses could benefit from a detailed job analysis (JA) conducted by an independent team.

The course objectives fall short of commonly accepted standards of format. These should gradually be corrected through normal course maintenance. There was no evidence during the site visit that the format deficiencies of the objectives were inhibiting learning. The evaluation of students uses a great deal of instructor judgment unsupported by systematic guidelines. Further, the objective tests that are in use are not keyed to the objectives in the curriculum outline. Standard instructional development (ID), as described in NAVSEA OD 45519, is recommended. The course commonality analysis revealed content overlap with APM, DODHCP, and the advanced counselor course. No deviations from Navy policy were observed.

### APM, DODHCP

No priority was assigned to these courses. The courses can be continued with normal course maintenance to keep the curriculum up to date. It is also recommended that standard ID guidelines be employed to insure that objectives are written in standard format. No deviation from Navy policy was found. Content analysis showed overlap with the advanced counselor course. The overlap appeared necessary given the populations trained, time of training and the locations used.

### DAPA

The DAPA course was assigned as the number 1 command action priority because of controversy over the effectiveness of the course, command variations in duties performed, and the importance of the DAPA as the first line of defense in the Navy's program. In order to establish a clear basis for training and curriculum development, a job analysis (JA) is recommended. Course objectives also need revision. It is recommended that instructional development take place after the job analysis is completed and that it be scheduled as normal course maintenance. No dysfunctional overlap of content with other courses was found. No deviations from Navy policy were observed.

### Supervisory Courses

The Drug and Alcohol Management Seminar; Organizational Effectiveness Course Supervisors Workshop; and Submarine Force, Atlantic Supervisor's Course (COMSUBLANTSUPER) were given a priority 3 because there is some course overlap and efficiencies could be realized by combining all three courses. The differences are not critical, but training advantages could be gained by keying all of the supervisory training to the same set of objectives. Unified course curriculum materials and objectives can be improved through standard instructional development. The high quality of these courses will make the unification process less difficult.

### Accession Courses

The OCS course material appeared to refer to directives and instructions that have been superceded. This course was recommended for an updating of the references. It was given a priority 5. All of the courses in the accession group should continue in normal course maintenance with emphasis on writing objectives in standard format. No dysfunctional overlap of content was found. The NROTC, OIC, AOCs and OCS accession courses do teach some objectives which are similar to those in the supervisor courses. This is appropriate given the leadership orientation of the training.

### **INTERVIEWS**

Interviews with NADAP personnel indicate support for the program and a feeling that courses are having a positive impact. However, comments from personnel working with DAPAs revealed a wide range of opinions as to the effectiveness and appropriateness of that specific course. Several CAAC personnel registered a strong opinion that the DAPA course did not prepare individuals to meet the needs of their job.

### **COST ANALYSES**

Using the assumptions listed in the Approach section of this report, costs of the courses were estimated and are shown in table 5. For the Counselor course, as an example, 80 course days x 160 students = 12,800 student days at \$200/day or \$2,560,000 in student personnel costs. Travel costs = 160 x \$400 per trip or \$64,000. Per diem costs = \$12,800 x \$35/day or \$448,000. Instructor costs = 12 instructors x 250 days at \$200/day or \$600,000. Personnel costs total \$3,160,000 (\$2,560,000 + \$600,000) and travel/per diem costs total \$512,000 (\$64,000 + \$448,000). The NADSAP costs are based on contract figures.

### **OTHER SERVICE PROGRAMS**

Compared to the NADAP, Air Force and Army programs are quite similar in overall objectives and course content. This is largely due to adherence to DOD directives and instructions (appendix B, section I). However, the occupational structure of program personnel varies considerably across the military services. The AF Social Actions specialists (appendix B,



Table 5  
Course Cost Analyses

Name	Freq	Days	Students	Stu Days	Ins Days	% TAD	Pers \$	Trv/PD \$	Total \$
DAPA	15	7	900	6,300	100	75	1,260K	240K	1,500K
NADSAP	WK	5	Vary	Vary	Vary	0	UNK	0	6,000K
D&A Management	2	10	80	800	24	50	165K	30K	195K
Counselor	4	80	160	12,800	3,000	100	3,160K	512K	3,672K
Adv Counselor	4	15	40	600	30	100	132K	21K	153K
Aftercare PM	25	10	960	9,600	1,800	INST	2,170K	77K	2,247K
DODHCP	12	12	265	3,180	375	40	838K	97K	935K
NROTC	YR	1	4K	4,000	200	0	110K	0	110K
OIC	20	1	300	225	40	95	75K	25K	100K
Recruit	WK	1	90K	22,500	500	0	1,900K	0	1,900K
WK = Weekly YR = Yearly INST = Instructors travel UNK = Unknown (total \$ based on contract)									

section II) perform some of the same duties as the Navy DAPAs, NADSAP personnel, and CAAC counselors. The Army Behavioral Science Specialists (appendix B, section III) also perform some of the same duties as the DAPAs and CAAC counselors. A feature of Air Force and Army programs which the Navy could adopt is an established Instructional Systems Design (ISD) plan which includes occupational surveys of job tasks (appendix B, section IV).

Because of the interservice occupational differences, joint service training for alcohol and drug abuse prevention/treatment personnel would not be efficient at this time. For example, Air Force Mental Health Clinic Specialists currently take the Army Behavioral Science Specialist course. However, a majority of the Air Force specialists do not perform many of the tasks taught in this course (USAF Occupational Measurement Center, 1985).



## CONCLUSIONS AND RECOMMENDATIONS

### CONCLUSIONS

This section contains several general conclusions related to the management of courses within the NADAP program. This section concludes with a series of recommendations for command, school, and support agency levels of action.

Changes are needed in most NADAP courses to comply with the new training materials guidelines (NAVSEA OD 45519). Many of the existing courses do not have a Course Model Manager for coordination in the curriculum maintenance process. Course objectives often are not in the recommended format. Job training courses, generally, are not based on Personnel Performance Profiles as required.

Some course materials are outdated and/or are not consistent with local needs. During interviews some personnel expressed frustration regarding the lack of freedom to adjust local curricula in order to take advantage of special resources or meet local needs.

Among the supervision courses there is a significant amount of variation in approaches in spite of the existence of a common set of objectives.

The NADSAP program consumes the largest portion of NADAP resources. Systematic testing has not supported the theoretical basis for the current program (National Institute on Drug Abuse, 1984). The apparent course content deficiency, despite the large expenditures for development, appears to warrant a cost benefit analysis. The relative effectiveness of urinalysis testing vs NADSAP in reducing drug abuse has not been established.

The existing materials available to the DAPA are designed to be used as a ready reference guide and do not have sufficient examples of completed administrative tasks or procedures for screening case studies. The existing DAPA workbook has been reproduced so many times that it can hardly be read.

### RECOMMENDATIONS

The recommendations are divided into three sets of actions to be taken at the executive, school, and support agency levels.

#### Executive Actions

Establish a Development Priority List. The command action priorities recommended in table 4 are suggestions based upon data in this analysis. Any final list of priorities would depend upon factors such as policy and funding issues which are outside the scope of this review.

Designate a Course Model Manager for Each Course. It is highly advisable that the course model manager be located at the lead school for a given course.

**Establish a Course Content Review Board.** A review board has been used successfully by the Marine Corps in maintaining control over course content without reducing the ability of course managers to keep up to date and adjust their materials in a timely manner. The school directors and COMNAVMILPERSCOM (Code 63) could form the nucleus of such a board.

**Establish Levels of Authority for Making Changes in the Curriculum.** The Course Content Review Board could assist in establishing policy on local revisions.

### **School Actions**

**Objectives for all NADAP Courses.** The objectives should include observable student learning outputs, the conditions for learning and measurement, and the measurement standards used to certify achievement levels. It is also desirable that job related courses be focused toward specific documented job skills. It is strongly recommended that these course revisions be implemented gradually as part of normal course maintenance.

### **Support Agency Actions**

**Conduct a Job/Task Inventory and Construct Personnel Performance Profiles for the DAPA and CAAC Counselor.** For job oriented training courses, this will provide an updated basis for course design or modification. The use of the personnel performance profiles (PPP) is required by current doctrine. Preparing the profiles requires time and experience in instructional analysis. Assigning this task to instructional staff is impractical due to the heavy work load associated with normal teaching and preparation. This task can be performed by contractor or in-house Navy resources. Figure 1 provides an estimate of resources and time required for these alternative ways of meeting this recommendation.

**Evaluate Selected Courses/Programs and Conduct Cost Benefit Analysis.** It is desirable to conduct a cost benefit analysis of all NADAP courses. However, the NADSAP program stands out as a strong candidate for immediate review. Because of the difficulty and complexity of such an analysis and a lack of local resources, it is recommended that an independent evaluation team conduct selected cost benefit studies. Figure 2 provides estimates of the time and resources for a NADSAP evaluation with contractor or in-house resources.

**Develop Job Aids to Support DAPA and Commanding Officers in the Field.** Step by step guidelines to document screening procedures could be developed and made available at the DAPA course. These could also be mailed directly to DAPAs who have not been scheduled for training. Additionally, a reference guide containing facts and information needed to answer questions about the substance abuse program, how the network of treatment and counseling centers operates, the effects of drugs and alcohol, punishment, urinalysis testing, diagnostic information, etc., could provide the DAPA with an effective job aid.

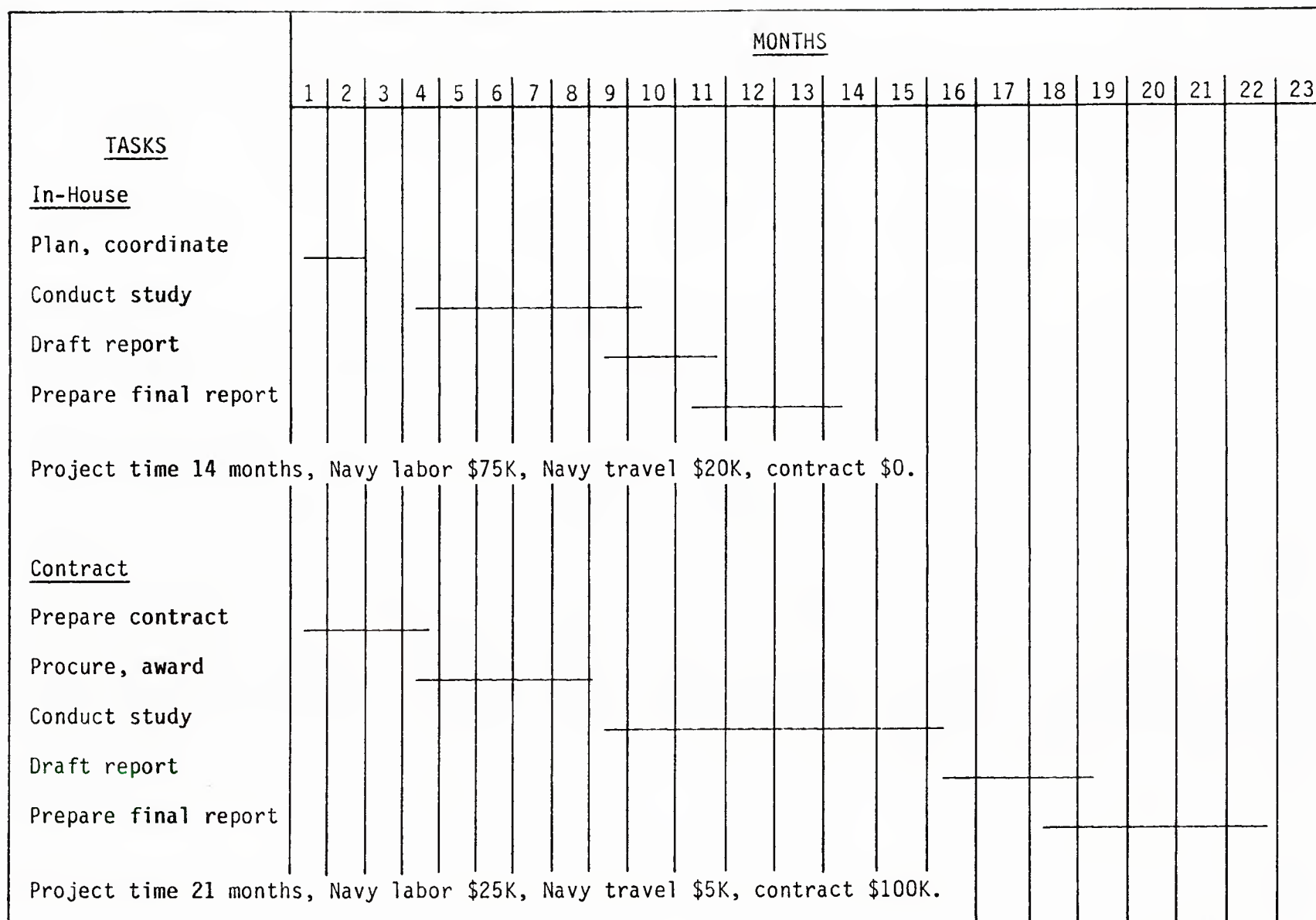


Figure 1. Job task inventories for DAPA and CAAC counselor.

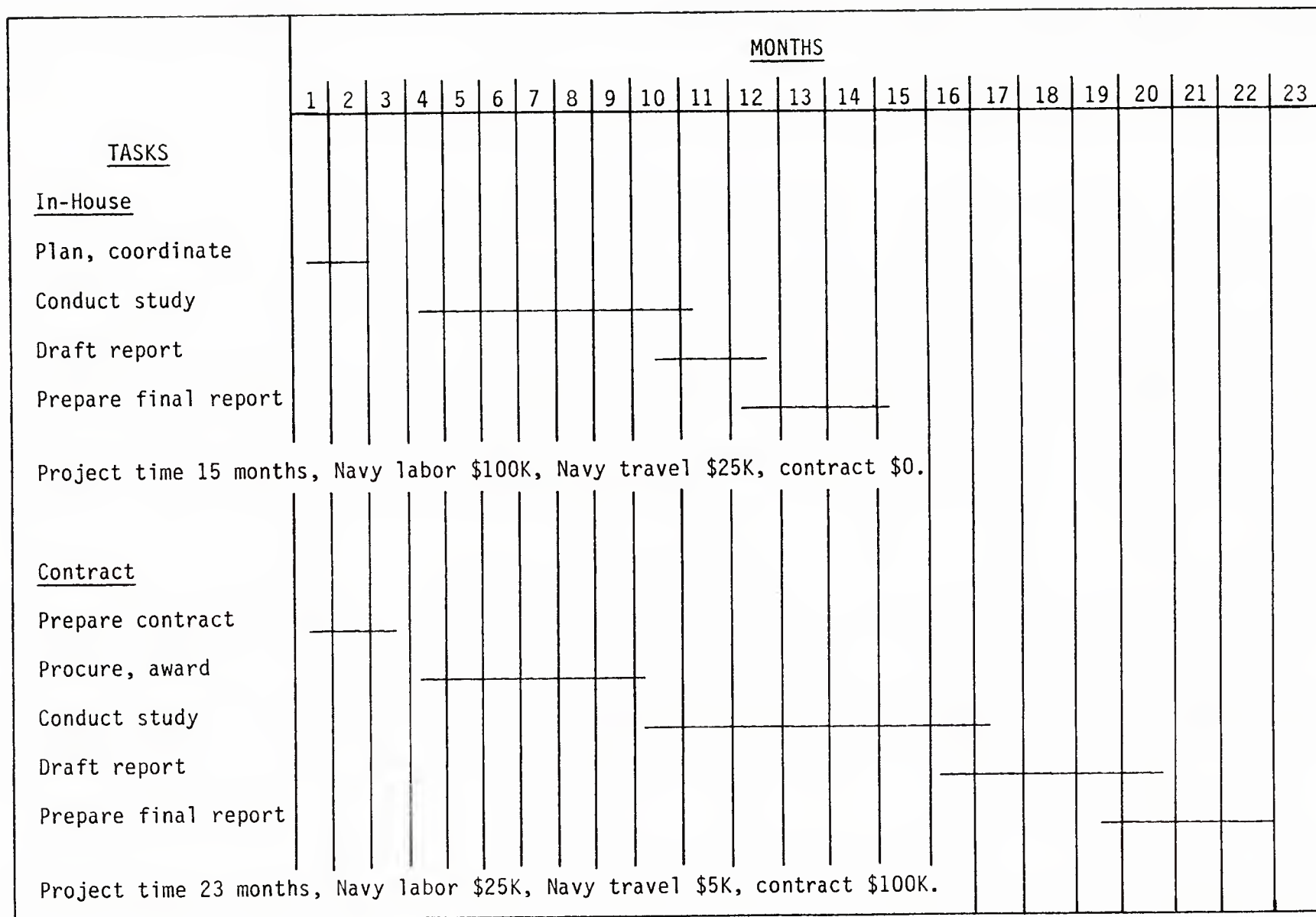


Figure 2. Cost/benefit evaluation of NADSAP.

Another support package outlining a coordinated program for local commands could also be made available through the CAAC centers. The development effort for these job aids and support packages is outlined in figure 3.

**Revise Curricula, in Order of Priority to Support the PPP Tables.** PPP tables should be constructed based upon current empirical field data. Some curriculum content may then require revision to be consistent with these profiles. In addition, the curriculum revisions should reflect the contents of the DAPA packages proposed above.

Job aids could be developed for training in areas such as toxic effects of drugs, pharmacology, recognition of substance abusers, and use of the Diagnostic and Statistical Manual (DSM III). Figure 4 outlines the estimated cost and time per course required to revise the curricula using in-house resources or full contractor support. Production costs are not included in either alternative.

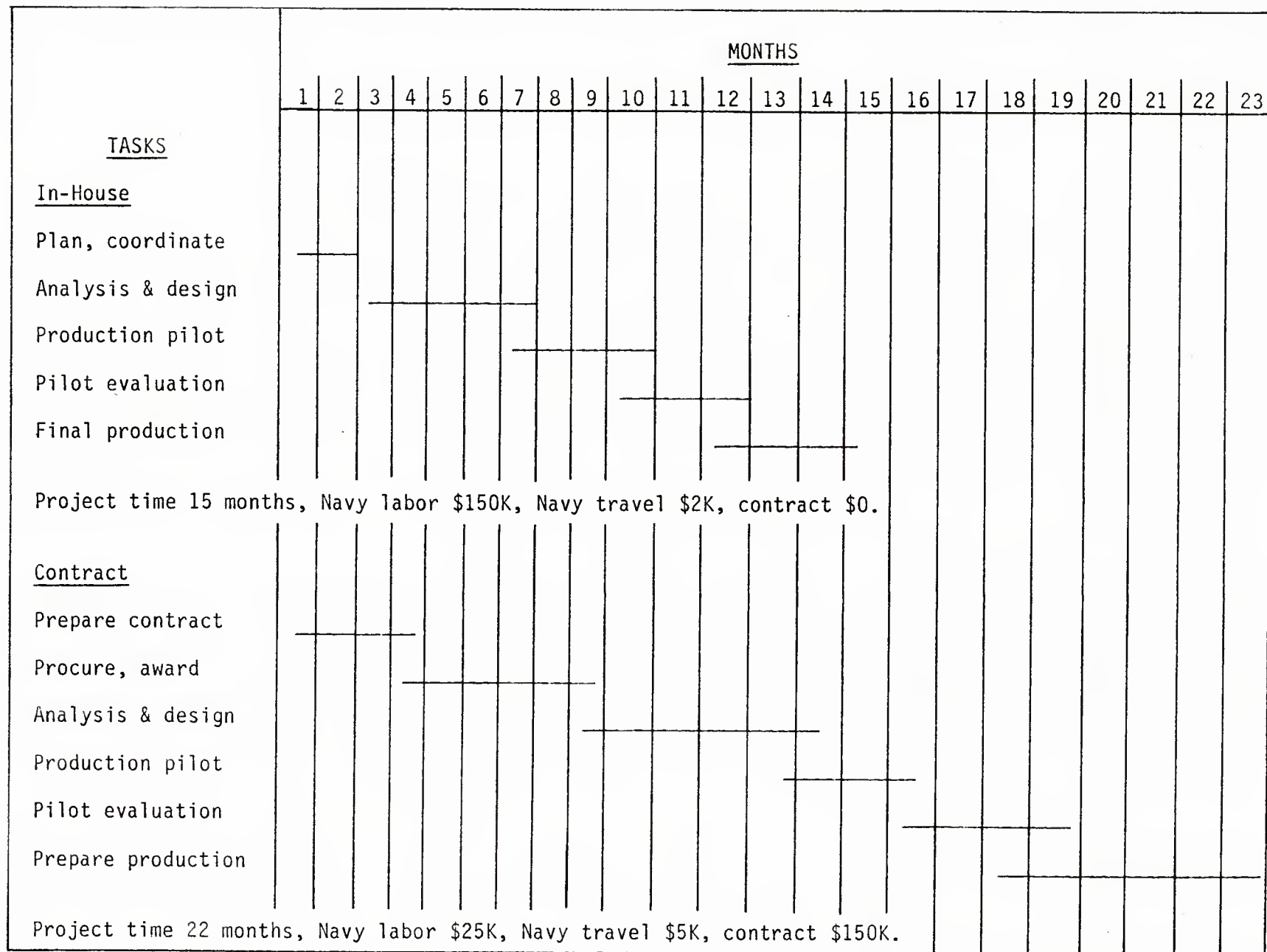


Figure 3. Development of job aids for DAPA.

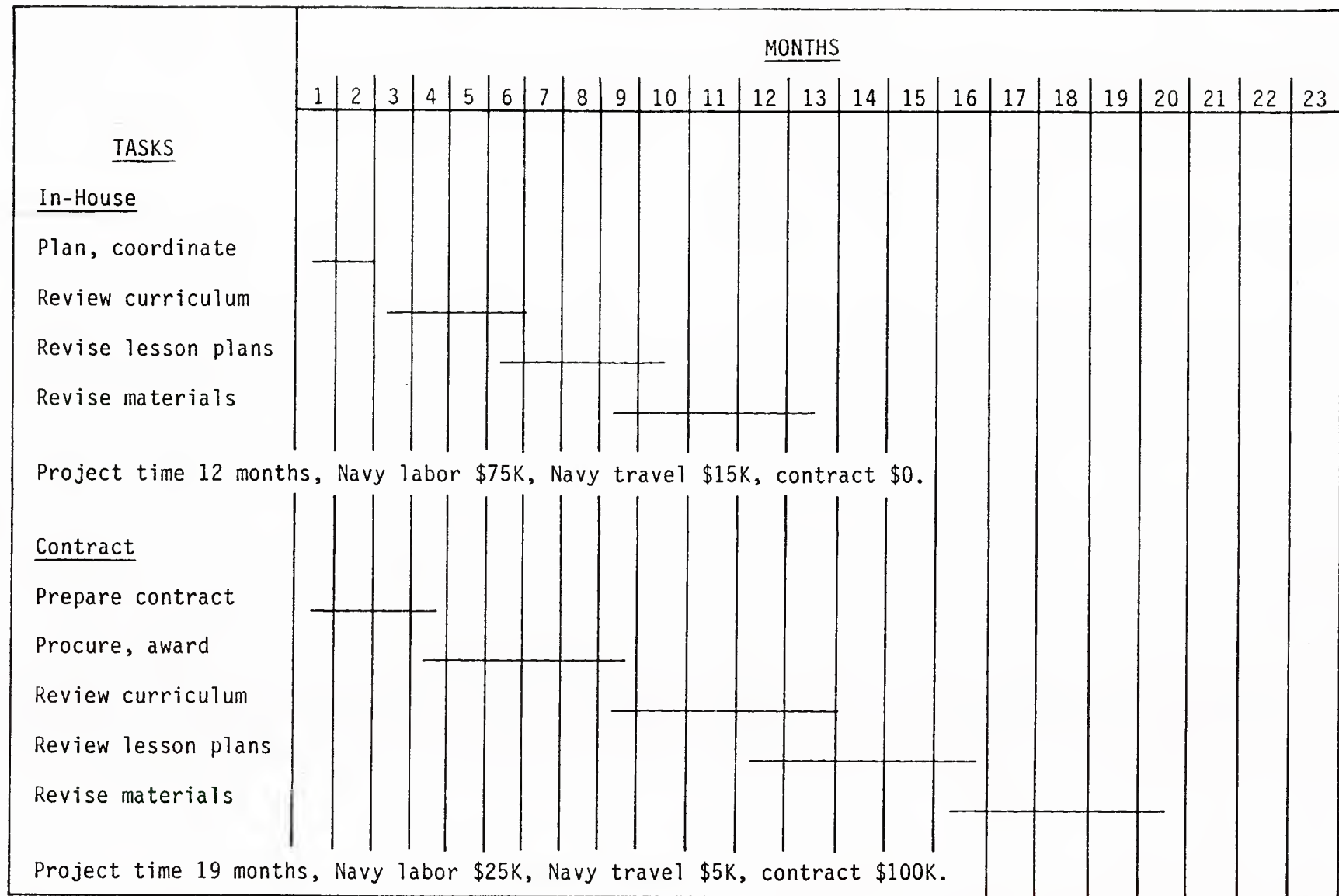


Figure 4. Curriculum revisions (average per course).



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APPENDIX A  
COMMENTS ON  
NAVY ALCOHOL AND DRUG ABUSE PROGRAM (NADAP)  
COURSE OBJECTIVES

## NAVY ALCOHOL AND DRUG SUBSTANCE ABUSE PROGRAM -- 36 HOUR COURSE

"The curriculum consists of twenty-three modules grouped into twelve sessions of three hours each. The instruction provides the basic information which serves as the foundation for the group activity. The group experience offers participants an opportunity to practice skills and to make application of the content within the context of their own experience. The discussion section provides a chance for students to integrate their experiences, share feelings and ideas, and ask questions....

The curriculum is not a script to be followed verbatim but rather is a series of orchestrated experiences. Some of these experiences, such as the centering exercises, are intended to be read aloud to the students....

The modules on communication lay the foundation for the curriculum, based on the belief that after the students have learned and practiced some effective communication skills, meaningful classroom discussion is likely to occur....

The facilitator acts as an important role model. By exemplifying the qualities of openness, genuineness and respect, the facilitator contributes to the creation of an environment in which students are encouraged to interact and develop self-awareness. The curriculum then becomes the vehicle through which students and the facilitator can share information, feelings, and ideas about drugs and alcohol." (Facilitator Guide 1983)

The program director is located at COMNAVMILPERSCOM.

Cost	\$6,000,000
Goal Statements	25
Total Listed Objectives	58

### OVERALL GOAL

The overall goal of the curriculum is to use an education/prevention model to:

1. Prevent problems that may develop associated with alcohol and drug use in the Navy.
2. Intervene at the earliest possible point to reduce existing problems associated with alcohol and drug use in the Navy.
3. Introduce resources available in the Navy for appropriate action on problems associated with alcohol and drug use.

### GENERAL OBJECTIVES

1. Participants will become aware of their personal responsibility for the lifestyle choices they make.

2. Participants will understand how drug and alcohol related behavior impacts on their personal and professional lives.

3. Participants will learn to recognize the early symptoms of alcohol and drug misuse.

4. Participants will practice specific life management skills (for example, decision making, communication skills, values clarification, and adaptability skills) that support lifestyle change.

5. Participants will discover the wide range of alternatives to drug and alcohol use which can potentially enhance well-being.

### **Introduction: Why Are We Here?**

**Summary of the Module.** The introductory module will help participants become familiar with each other and with NASAP/NDSAP. There are several discussion periods in which participants can voice their expectations for the class and set up ground rules for the class to observe. At the end of the module there is a getting acquainted exercise designed to build rapport and facilitate sharing between people.

**Goal.** Participants will become familiar with each other and with the format of the course.

**Objectives.** Participants will jointly set ground rules to enable the class to run smoothly.

Participants will report to the class their expectations and feelings about being a member of the class.

During a getting acquainted activity, participants will interview one other class member and report back to the class.

Participants will be able to state the overall goal and at least three objectives of the NASAP/NDSAP course.

### **Navy Regulations**

**Summary of the Module.** The main purpose of this module is to familiarize participants with Navy regulations concerning the use of drugs and alcohol. The worksheet which accompanies this module summarizes the various drug and alcohol policy statements which may affect Navy personnel. The module also uses discussion and a thinking exercise to help participants explore the logical basis for regulations. The final discussion in the module explores the relationship between personal responsibility and Navy regulations.

**Goal.** Participants will be able to state the Navy's overall policy concerning the use of drugs and alcohol among its members.

**Objective.** Participants will devise their own definitions of regulation and personal responsibility.

### **Communication Skills I: Self-Awareness**

**Summary of the Module.** Communication Skills I develops the conditions necessary for effective communication throughout the remaining sessions. The module starts with a centering exercise designed to increase participants' self-awareness, a preliminary step in communication. The instructional part of the module focuses on a definition of communication and on the role which self-awareness plays in communication. Finally, the module includes an exercise which demonstrates how a person's beliefs and feelings influence communication.

**Goal.** Participants will examine their present communication patterns and make the changes necessary to ensure that they are communicating effectively. By communicating constructively with others, participants will be able to avoid problems and misunderstandings which may lead to drug use and alcohol misuse.

**Objective.** As a method of increasing self-awareness, participants will be able to identify self-talk when given 10 sample interpersonal situations.

### **Communication Skills II: Nonverbal Communication**

**Summary of the Module.** This module stresses the importance of taking responsibility for oneself by giving participants a chance to use "I" messages when discussing a topic. In addition to being aware of and taking responsibility for themselves, participants must also be aware of others when attempting to communicate effectively. Therefore, this module emphasizes the role which nonverbal behaviors (for example, gestures and postures) play in communication. Participants will have a chance to observe the nonverbal behaviors of others and to make judgments based on these observations.

**Goal.** Participants will examine their present communication patterns and make the changes necessary to ensure that they are communicating effectively. By communicating constructively with others, participants will be able to avoid problems and misunderstandings which may lead to alcohol and drug misuse.

**Objectives.** Using the "Responsibility for Self" exercise, participants will be able to change sentences that place responsibility outside the speaker to a format that gives the speaker responsibility for what he or she says.

Participants will be able to distinguish between an observable behavior and an inference (interpretation) by participating in the "Nonverbal Communication" exercise.



### **Communication Skills III: Listening**

**Summary of the Module.** This communication skills module emphasizes additional skills participants need throughout remaining sessions by concentrating on listening and feedback skills. Participants learn about common blocks to listening during a three person listening exercise. The module ends with a discussion of how to give and receive feedback.

**Goal.** Participants will examine their present communication patterns and make the changes necessary to ensure that they are communicating effectively. By communicating constructively with others, participants will be able to avoid problems and misunderstandings which may lead to alcohol and drug misuse.

**Objectives.** Participants will demonstrate effective listening skills during the "Listening" exercise.

Participants will be able to use the guidelines given in this module to give constructive feedback to other group members during the remainder of the course.

### **Communication Skills IV: Self-Disclosure**

**Summary of the Module.** The main concepts in this module are self-discipline and assertiveness. Participants have a chance to discuss what circumstances enable them to disclose their thoughts and feelings without feeling at risk. The instruction on assertiveness includes comparisons of passive, passive aggressive, assertive, and aggressive behavior as well as descriptions of appropriate nonverbal and verbal assertions. Participants also have a chance to practice being assertive by taking part in role plays and receiving feedback about their behavior.

**Goal.** Participants will examine their present communication patterns and make the changes necessary to ensure that they are communicating effectively. By communicating constructively with others, participants will be able to avoid problems and misunderstandings which may lead to alcohol and drug misuse.

**Objectives.** Participants will be able to distinguish between assertive, aggressive, passive aggressive, and passive behavior by correctly answering 10 out of 15 statements on the "Assertiveness Inventory."

Participants will demonstrate their assertiveness skills in a role playing exercise involving situations where they typically behave passively or aggressively.

### **Attitude and Values Clarification I: Self-Awareness**

**Summary of the Module.** This module introduces values clarification and explains how an examination of one's values leads to greater self-awareness. The module begins with a centering exercise intended to create an atmosphere of introspection. This instruction defines "value" and "self-awareness."

Participants have a chance to examine their own values in a group activity and then to discuss the experience.

**Goal.** Participants will gain a greater awareness of their values and the role their values play in the decisions they make, especially in their decisions regarding the use of alcohol and drugs.

**Objective.** Participants will examine their personal values in the context of a group sharing activity.

### **Attitude and Values Clarification II: Value Conflicts**

**Summary of the Module.** This module deals with value conflicts within oneself or with others. The module starts with a centering exercise in which participants have a chance to experience the extremes of tension caused by a value conflict versus total relaxation. The instruction part of the module discusses various ways for handling value conflicts. At the end of the module there are two values clarification activities designed to meet the needs of different kinds of groups.

**Goal.** Participants will gain a greater awareness of their values and the role their values play in the decisions they make, especially in their decisions regarding the use of alcohol and drugs.

**Objective.** Through several group activities participants will discover discrepancies between their values and their actions.

Participants will discuss various ways to handle value conflicts with others.

### **Drug Practices I: Drug-Person Interactions**

**Summary of the Module.** The first module on drug practices emphasizes individual reactions to drugs. Drug effects depend to a large degree on an interaction between the person and the environment at the time when the drug is being used. The "survey" exercise gives participants a chance to examine their early home life and other experiences which may have contributed to later drug use.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will become familiar with the factors which contribute to the wide variation in drug-person interactions.

Participants will identify how early learning and parental modeling relate to their past use of drugs and alcohol.

### **Drug Practices II: Environments**

**Summary of the Module.** This module expands the concept of drug-person interactions by focusing on one's environment and how it influences drug



use. The environments examined are the local Navy command and base, home and social settings. The role playing exercise demonstrates the potency of peer pressure and how to make one's own decisions despite the influence of others.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objective.** Given a list of questions to guide their thinking, participants will examine the use of drugs and alcohol within the Navy.

### **Drug Practices III: Alcohol -- America's Number One Drug**

**Summary of the Module.** This module introduces alcohol as a drug and begins with an examination of some of the problems associated with alcohol use. The instructional part of this module emphasizes factors which determine how alcohol and the person interact and the major effects of alcohol on most people. At the end of the module participants examine the concept of alcohol dependence.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will examine how alcohol and the person interact, problems associated with alcohol use, and alcohol's most common effects.

Participants will demonstrate an understanding of the continuum from abstinence through alcoholism by participating in the "Understanding Alcohol Dependence" exercise.

### **Drug Practices IV: Alcohol and Driving**

**Summary of the Module.** This module addresses the problems associated with drinking alcohol and driving. The instructional part of this module focuses on Blood Alcohol Concentration (BAC). Participants learn how BAC is measured, factors which affect BAC, and behavioral effects that can be expected at each concentration. Viewing the film "Until I Get Caught" enables the students to further examine the scope of the drinking and driving problem. This module ends with a role playing exercise which is designed to help students synthesize the information they have learned.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will identify factors which affect BAC.

Participants will be able to relate behavioral effects of different BAC levels to their own experiences with alcohol, using a series of prepared discussion questions.

Participants will summarize the laws governing Driving Under the Influence of Intoxicants of the state in which they are taking the NASAP/NDSAP course.

During the "Responsible Decisions About Drinking and Driving" exercise, participants will demonstrate specific ways to deal with intoxicated people who want to drive.

### **Drug Practices V: Addiction to Experience**

**Summary of the Module.** This module on drug practices emphasizes how individuals may become addicted to different kinds of experiences, not just those associated with alcohol and drug use. The "Daily Activity Log" exercise gives participants an opportunity to inventory their everyday activities in order to determine what experiences might be addictive for them. At the end of this module participants explore realistic alternatives to addictive behavior.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will become familiar with the concept of addiction to experience.

By using the "Daily Activity Log" worksheet, participants will examine their daily activities to determine on which activities they may be dependent.

Participants will discuss realistic and appealing alternatives to drug and alcohol use.

### **Drug Practices VI: Why People Use Drugs**

**Summary of the Module.** This module is designed to help participants examine their reasons for using drugs. By uncovering their reasons for using drugs, they will have a better idea of the kinds of alternative activities that may serve the same purpose. This process will enable them to make more responsible decisions about using alcohol and other legal drugs appropriately.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will use the "12 Hours Before" worksheet to keep a journal of feelings, actions, and experiences preceding their use of drugs and alcohol.

Participants will examine their reasons for alcohol use by participating in the "Alcohol User Survey" exercise.

Using the "Observation" worksheet, participants will observe and record their impressions of attending a party where they do not use drugs and alcohol.

### **Drug Practices VII: Consequences of Substance Use**

**Summary of the Module.** This module examines the consequences of substance use, emphasizing the potential risks to the individual as well as to the Navy. Participants will investigate the possible short term and long term consequences of drug use and reflect on the problems drugs may have caused in their lives.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will examine the consequences of substance use in their lives.

Participants will list short term and long term physiological effects of various substances.

Participants will discuss how substance use affects their job performance.

### **Drug Practices VIII: Making Changes**

**Summary of the Module.** The focus of this module is goal setting. Participants can increase their probability for success if they set goals that are realistic and achievable. The instruction part of this module emphasizes important characteristics of the goal setting process. At the end of the module participants have an opportunity to practice writing a detailed "Plan of Action" to help them achieve a desired goal.

**Goal.** Participants will examine their past use of drugs and alcohol and discover alternative behaviors for the future.

**Objectives.** Participants will be able to list places within the Navy community where they can find help in dealing with problems.

By using the "Plan of Action" worksheet, participants will select a goal and state specific steps for achieving it.

### **Decision Making I: Defining the Problem**

**Summary of the Module.** This module begins with a centering exercise to help participants relax. The instructions in this module provide an overview of the decision making model, with special emphasis on the initial step -- defining the problem. Participants will use three real situations as the basis for an exercise in defining a problem.

**Goal.** Participants will learn a systematic and effective model for making decisions which they can apply to situations involving drugs and alcohol.

**Objective.** Participants will choose and define one problem area in their lives by completing the "Specify the Problem" worksheet.

## **Decision Making II: Alternatives, Consequences, and Choices**

**Summary of the Module.** This module contains instructions and exercises on generating alternative solutions, exploring consequences of alternatives, examining feelings, and choosing the most reasonable alternative. At the end of the module participants can apply the model to their lives.

**Goal.** Participants will learn a systematic and effective model for making decisions which they can apply to situations involving drugs and alcohol.

**Objectives.** Participants will list five alternative solutions to a problem situation.

Participants will generate three positive and three negative consequences for each alternative, using the "Consequences" worksheet.

Participants will identify feelings associated with each alternative solution.

Participants will choose one alternative based on what they learned in the previous steps of the decision making model.

## **Adaptability Skills I: Introduction to Stress**

**Summary of the Module.** This module operationalizes the concept of stress and addresses why drug and alcohol use is not an effective way to manage one's stress on a long term basis. The module begins with a centering exercise designed to acquaint participants with relaxation techniques. The instructional part of the module defines stress, emphasizing physiological responses and behavioral expressions. The exercises at the end of the module give participants an opportunity to discover how they experience and respond to stressors in their lives.

**Goal.** Participants will recognize when they are feeling stressed and will cope with stress in ways that do not include the use of drugs and alcohol.

**Objectives.** Participants will demonstrate knowledge of their own physiological responses to stress by completing the "Stress Log" worksheet.

Participants will achieve a state of relaxation by practicing deep breathing during the session.

## **Adaptability Skills II: Responses to Stress**

**Summary of the Module.** This module expands the concept of stress by focusing on individual patterns of coping behavior. Participants examine their own particular stressors in order to recognize which ones can be eliminated or minimized and which ones are unchangeable. The biofeedback exercise at the end of the module provides participants with another opportunity to practice monitoring their stress levels.



**Goal.** Participants will recognize when they are feeling stressed and will cope with the stress in ways that do not include the use of drugs and alcohol.

**Objectives.** Participants will identify their individual patterns of stress coping behavior using the "Stress Log" worksheet.

Participants will be able to give examples of short term and long term stress in their own lives.

By completing the "Stressors" worksheet, participants will separate their stressors into those which they can control and those to which they must adapt.

Participants will use a simple biofeedback device in a supervised setting to monitor their stress levels.

### **Adaptability Skills III: Thinking and Stress**

**Summary of the Module.** This module focuses on ways to gain control of oneself, primarily through the use of positive thoughts to cope with stress. It often seems that outside events cause our emotions. Actually, what we tell ourselves about situations determines our feelings. In this module participants will practice cognitive restructuring, a process which involves learning how to stop one's negative thoughts and replace them with helpful, positive ones.

**Goal.** Participants will recognize when they are feeling stressed and will cope with stress in ways that do not include the use of drugs and alcohol.

**Objectives.** Using the "Locus of Control" scale, participants will determine whether they are externally or internally controlled.

Participants will use the "Thought Change" worksheet to write positive self-talk to help them cope with potentially stressful situations in their lives.

### **Closing Module: Review and Looking Ahead**

**Summary of the Module.** The closing module helps participants summarize and intergrate their experiences during the course. The exercises in this module give participants a chance to ask any remaining questions they may have, share feelings about their experiences with each other, and complete a course evaluation.

**Goal.** Participants will review the experiences they had during the course and discuss how they can apply these experiences in their lives.

**Objectives.** Participants will give each other constructive feedback based on their experiences during the course.

Participants will ask questions they still have about drugs and alcohol or how to make changes in their lives.

Participants will verbally share their reactions to the experience of being in a NASAP/NDSAP course.

### 36 HOUR COURSE

#### Comments on Goals and Objectives

**Format.** Fair to good. Objectives describe learner actions and some include conditions and standards. Most of the objectives which include a standard are aimed at internal process. A few objectives include measures that might directly be related with prevention after the class is completed.

**Measurability.** Feedback given to the presenter during the course and process measures are provided. No measures of transfer are indicated as such.

**Instructional Strategy.** It appears lecture and group interaction are used. This is a fairly good approach. Handouts are provided which contain information that could be used by students when needed.

**Media Options.** Briefing room, lecture notes, and handouts are now in use. Given the material, films and handbooks could also be used.

**Applicability.** The overall curriculum and the use of group interaction support the relatively minor portion of this course specifically devoted to drugs and alcohol abuse. This is based upon the theory that strengthening an individual's basic self concept and coping skills will translate into effective prevention. This theory is open to question in light of recent findings. (See National Institute on Drug Abuse, Prevention Research Report, "The Napa Drug Abuse Prevention Project: Research Findings," U.S. Department of Health and Human Services, Public Health Service, DHHS Publication No. (ADM) 84-1339, 1984.)

**Flags.** Modify content to increase emphasis on Navy policy and the harmful effects of drugs and alcohol. Conduct a cost benefit analysis of the present program and look for lower cost alternatives.



## NAVY ALCOHOL AND DRUG SUBSTANCE ABUSE PROGRAM -- SUPERVISORS' BRIEFING

The Supervisors' briefing consists of three options lasting 4, 8, and 16 hours. The 16 hour presentation was devised to meet the needs of the Naples site by adding some modules from the NASAPP curriculum to the basic 8-hour presentation.

### THE 4-HOUR BRIEF

The 4-hour briefing is "didactic" in nature and structured to impart information rather than develop skills.

Cost	(included in 36-hour course)
Goals	1
Total Listed Objectives	4

#### Goal Statement as Listed

"To familiarize navy supervisory personnel with the Navy Alcohol and Drug Abuse Program" (Curriculum guide page 2).

#### Objectives Listed

1. To present system wide and local statistics about substance use.
2. To present an overview of the Navy's Alcohol and Drug Abuse Program.
3. To help supervisors identify problem behavior.
4. To familiarize supervisors with Navy and civilian referral networks.

#### Comments on Goals and Objectives

Format. Poor. Objectives describe what the briefer does. Actions, conditions, and standards for the learner are not given.

Measurability. Apart from feedback given to the presenter during the briefing, the structure of the objectives does not provide for measurement.

Instructional Strategy. It appears lecture is used. This is a fairly good approach. However, handouts are provided which contain information that could be used by supervisors, when needed.

Media Options. Briefing room, lecture notes and handouts are now in use. Given the material, films and handbooks could also be used.

Applicability. Job related.

Flags. Retain content, examine lower cost, non-lecture alternatives.

## VISITING DOD HEALTH CARE PROFESSIONALS (HCP) COURSE ON ALCOHOLISM

The goal of the HCP course is to prepare Health Care Professionals to deal effectively with those who suffer from the debilitating effects of the disease of alcoholism (handout from ARC Norfolk). The course uses a wide variety of professional guest speakers. The course is taught at each of the Navy Alcohol Rehabilitation Centers and some regional differences exist which take advantage of local professional talent.

Cost	\$935,000
Goal Statements	1
Total Objectives Listed	7

### OBJECTIVES

1. Health-care professionals (HCPs) will recognize the potential maladaptive syndromes associated with alcohol use and polydrug use through:
  - a. A familiarity with the species of alcoholism/sedativism.
  - b. An understanding of the broad spectrum of effects of alcoholism (psychological, physical, spiritual).
  - c. An understanding of the course and possible etiologies of alcoholism.
  - d. An understanding of the issues involved in the disease concept of alcoholism and ability to clearly state their personal positions.
2. HCPs will improve their diagnostic skills relative to alcoholism through:
  - a. A familiarity with the symptoms and signs of alcoholism.
  - b. A familiarity with the diagnostic criteria for "Gamma" and other species of alcoholism, Alcohol Dependence, and Alcohol Abuse (DSM-III).
  - c. The ability to relate clinical presentation to diagnostic criteria.
3. HCPs will understand the far-reaching consequences of alcoholism on family members and close friends through:
  - a. Recognizing the effects of primary alcoholism on the spouse, children, and close associates of the alcoholic.
  - b. Recognizing the progressively deteriorative nature of these effects.

c. An understanding of the nature of the interaction between "co-alcoholism" and "primary alcoholism."

4. HCPs will be familiar with the various strategies for intervening in the progressive course of alcoholism through:

a. A familiarity with the philosophy of reality based on short term and long term intervention strategies.

b. Instruction and actual role playing experience in structuring and conducting interventions with alcoholics.

c. An understanding of useful techniques for confronting the denial of "co-alcoholics."

5. HCPs will recognize that alcoholism is a treatable disease and will understand how they can assist the alcoholic or "co-alcoholic" in his or her recovery through:

a. Acquaintance with the elements and process of recovery.

b. Acquaintance with the essentials of in-patient treatment.

c. A familiarity with the various referral sources.

d. A familiarity with the principles and practice of self-help groups (e.g. A.A., Al-Anon, Alateen, COA (Children of Alcoholics)).

e. An understanding of the special medical need of individuals recovering from chemical dependency.

f. Recognizing their potential role in the recovery of the alcoholic.

6. HCPs will become familiar with the philosophy and practice of the Compulsive Overeating Treatment Program at ARC, Norfolk and its similarity to the alcoholism rehabilitation program.

7. Through active learning and personal involvement in the above objectives, HCPs will reach a deeper understanding of their own attitudes and beliefs. This will enable HCPs to better understand the alcoholic on a personal level and thus provide more effective service.

#### Comments on the Objectives

**Format.** Good to fair. The objectives contain observable actions to be performed by the students. In a few objectives, conditions are defined by reference to materials in the course. Standards are often not explicit as part of the objective statement. The phrase "will be familiar with" leaves many of the objectives open to a wide range of performance that could qualify as "being familiar with," yet fall short of required performance in the field.

**Measurability.** The approach taken in this course is similar to most university courses. It involves a wide topical exposure with the emphasis on self assessment and the presentation of feedback during discussion periods. However, with only slight adjustment, the self testing mode could be expanded to a job-aid format that could allow a student to cycle through material as many times as needed to reach an acceptable standard. In the area of diagnostic skills more than a casual exposure is needed. The course does require a professional paper as a synthesizing self evaluation.

**Instructional Strategy.** Lecture, group discussion, home study, field trips and films are employed. This appears to be a good mixture for this population.

**Media Options.** Classroom, lecture notes, films, handouts and texts are now in use. Additional field guides to supplement the use of the DSM-III could be added to help provide practice in the diagnosis of alcoholism.

**Applicability.** Highly job related.

**Flags.** Retain. Undertake normal course maintenance to keep up with developments in the field. Content and methods of instruction are appropriate for the population. As noted in the interviews, there may be a need to ensure that more medical officers take the course. Adding an objective on the interaction of all of the team members in the Navy program would be helpful.

## BASIC COUNSELOR COURSE

This course is in a state of development. It is currently undergoing a trial period and the curriculum is open to adjustment. The materials from which these objectives were taken was loaned with the understanding that this was the first cut at merging two other courses into one.

Cost	\$3,672,000
Goal Statements	2
Total Objectives Listed	10

### TERMINAL OBJECTIVE LISTED FOR COUNSELING AND ASSISTANCE CENTER (CAAC) DIRECTOR

To train CAAC directors to advance the CAAC mission of screening and referring Navy members involved with alcohol and/or other drugs.

### TERMINAL OBJECTIVE LISTED FOR BASIC COURSE

The objectives for the course are listed in detail along with a topical outline of the material covered. The objectives are not in the "actions, conditions, and standards" type of format. However, much of the material needed to construct this type of objective can be found spread throughout the course outline. In some cases module objectives are included directly from the ISAS course. These clearly state the objective of the module with conditions and standards, but this is not uniform throughout the course outline. Objectives are included here as they appear in the outline.

#### Training Objectives

The Naval Drug and Alcohol Abuse Counselor School is tasked with providing a didactic-experiential and evaluative program designed specifically to train selected personnel for duty as drug and alcohol counselors who can function effectively in a variety of settings. A thorough analysis of the information assimilated as a result of inspection tours and training visits conducted by ARC Miramar staff indicates that the following training objectives are practical and directly applicable to the role of Drug and Alcohol Abuse Counselor and/or CAAC Director. Upon successful completion of the course, the graduate will be able to:

1. Screen and evaluate command-referred personnel who are thought to have a drug/alcohol problem, determine the need for treatment, and recommend a recovery program at the appropriate level.

2. Assist medical officers and other professional staff personnel at the Naval Alcohol Rehabilitation Center Miramar in establishing and conducting treatment programs for individuals identified as having drug, alcohol, or eating related problems and returning all personnel to productive naval service.



3. Conduct individual and group counseling sessions as part of an overall drug/alcohol/weight recovery program aimed at returning all personnel to full and productive naval service.

4. Assist treated personnel in returning to full duty.

5. Assist commands, upon request, in establishing policies, procedures and actions addressing the effective reassignments of personnel returning to full duty from drug/alcohol/weight treatment programs.

6. Assist local commands in establishing drug/alcohol abuse or eating disorder referral programs, by providing information to all personnel regarding Navy and civilian resources available for the screening and treatment of drug and alcohol abusers and personnel with eating disorders.

7. Assist those recovering from drug/alcohol/eating disorder problems in returning to duty, remaining on full duty, and improving their individual performance.

8. Assist commands, upon request, in establishing drug/alcohol/eating disorder prevention and identification programs by training management and supervisory personnel in early identification of symptoms related to drug/alcohol abuse and eating disorders as manifested in work settings and relationships.

9. Function effectively as a member of the team of counselors assigned to Counseling and Assistance Centers. Counseling and Assistance Centers are designed to provide service to all commands in the geographical area with a program of screening and follow-on counseling for drug/alcohol abuse and eating disorders, supplemented by educational and administrative assistance to commands as client workload permits. Specific tasks/functions include being able to:

a. Provide screening services to assist commands in evaluating individuals identified with drug and alcohol abuse and eating disorder problems.

b. Provide counseling services for drug/alcohol abuse and eating disorders determined to require Level II or III counseling.

c. On a "not to interfere" basis with tasks a and b, provide assistance to commands and active duty and reserve Navy personnel as follows:

(1) Crisis intervention work, particularly alcohol/drug/eating disorder related incidents.

(2) Aftercare support to commands for individuals seeking such assistance.

(3) Personal assistance referral for persons seeking help who require professional or specialized expertise.



(4) Administrative advice or assistance to commands or individuals concerning Navy drug/alcohol/eating disorder program actions.

(5) Educational assistance to commands concerning drug/alcohol/eating disorder related subjects.

(6) Logistics support to command sponsored activities with drug/alcohol/eating disorder related events as first priority (conference rooms, classrooms, audio-visual assistance, etc.).

d. On a "not to interfere" basis with tasks a through c, provide drug/alcohol/eating disorder program information and assistance to:

(1) Members of other military services

(2) Navy Department civilian employees

(3) Dependents of military personnel and

(4) Retired Navy personnel.

10. Assist commands, upon request, in designing and implementing drug abuse control, alcoholism prevention programs, and eating disorder programs, including drug/alcohol/eating disorder education.

11. Assist Human Resources Management Support System teams, upon request, with drug/alcohol abuse and eating disorder related activities during the Human Resource Management Cycle and other Command Active Planning Operations.

## **CURRICULAR COMPONENTS**

Utilizing the aforementioned training objectives as guidelines, the following instructional components have been selected in order to provide instruction which will serve the need as described in the mission statement.

### **Pharmacology**

Recognizing that the counselor is not expected to be an expert diagnostic technician of drug pharmacology, instruction consists primarily of information designed to promote an awareness and a working familiarity of drugs which are commonly abused, including alcohol. Topics of instruction include the following:

Principles of Pharmacology

Toxicology

Opiates

Stimulants

Cocaine

Depressants

Hallucinogens

Marijuana

Phencyclidine (PCP)  
Aerosols and Volatile Substances  
Nicotine  
Caffeine  
Alcohol

### **Psychology**

The basic goal of the psychology segment is to convey to the student the fundamental body of knowledge utilized in the helping professions. Such knowledge is vital in order to adequately interview, screen/evaluate, counsel, and refer individuals involved with drug/alcohol abuse and eating disorders. Considerable effort has been utilized to provide the subject matter pertinent to the real world of the drug/alcohol abuser and those with eating disorders as it exists in a military setting. Emphasis is placed on scientific methodology as an important component in the conduct of evaluations and screening devices. Topics of instruction include the following:

Introduction to Psychology  
Adolescent Psychology  
Maslow's Hierarchy  
Abnormal Psychology  
Defense Mechanisms  
Anxiety Disorders  
Psychosis  
Personality Disorders  
Psychiatric Emergencies and Referrals

### **Counseling Techniques**

Heavy emphasis is placed upon the development of screening and evaluation skills. Instruction in counseling technology provides the prospective counselor with fundamental skills necessary to accomplish this mission of a CAAC or similar counseling facility. Counseling techniques include the following topics:

Ethics  
Introduction to Group Counseling  
Interviewing Techniques  
Group Development  
Group Dynamics (Process and Content)  
Intakes and Evaluations  
Person-Centered Counseling  
Client-Counselor Relationships  
Intake Review and Analysis  
Behavior Counseling  
Counseling Characteristics  
Family Counseling as a Referral Source (i.e., Spouse and Child Abuse)  
Gestalt Therapy  
Crisis Intervention

Grief Counseling  
Short-Term Client Systems  
Reality Therapy

### Group Process Skills

Small and large group activities are conducted at appropriate times throughout the entire course. At the beginning of the course, students are divided equally into permanent small groups which meet approximately four times each week and extend the entire length of the course. The group provides an opportunity for growth through self-awareness. Each group is co-facilitated by an enlisted NDACS staff member and an experienced counselor/psychologist from Naval Alcohol Rehabilitation Center, Pacific. Not only is the group conducted for purposes of individual growth and awareness, the activity also plays a considerable role in the development of the prospective counselor's ability to interrelate effectively with officers, enlisted and civilian group members. Active participation is expected, reflects the prospective counselor's flexibility and ability to function as part of a task-oriented group, and serves as a component strongly considered in the interim and final evaluation of each student. Other activities conducted during the segment are:

Small Group Activities  
Practice (Mock) Group Activities  
Male-Female Relationship Workshop  
Supervision Groups

### Governing Policies and Management Operations

This segment provides information concerning policy, direction, program development and coordination, implementation procedures, and overall functions of the total Drug/Alcohol/Eating Disorder Program. Not only does it acquaint the prospective counselor and/or CAAC Director with basic legal concepts, military laws, and naval directives that pertain to the overall functioning of a CAAC, it also supplies the student with a clear picture of the legal rights of drug/alcohol abusers and those with eating disorders throughout the entire spectrum of identification and rehabilitation in the Navy. Applicable exercises and assignment emphasize the importance of organizational responsibilities. Topics of instruction include the following:

Human Resource Management Support System  
Legal Aspects of Drug/Alcohol Abuse  
Confidentiality  
ASMRO/NARCPAC Referral Procedures  
Narrative Summaries  
Aftercare  
Role of the Navy Hospital  
CAAC Observations  
NADIS Program  
CAAC Management and Operational Procedures  
Local Programs and Disposition

- Outreach and Visibility
- Education and Referral Systems
- Inspection Guides/Cycles and Actions
- Self-help Meetings (AA/NA/OA)
- Management Overview and Summary
- Department of Defense Overview
- CAAC Files
- CAAC Budgets
- Creditability

### **Eating Disorders**

This portion of the instruction is directed toward the eating disorders of anorexia nervosa, bulimia and compulsive overeating.

- Introduction to Eating Disorders
- Nutrition and Food Exchanges
- Navy Policy Concerning Obesity
- Physical Fitness Programs
- CAAC Obesity Programs

### **Alcohol Abuse and Alcoholism**

This portion of the instruction is directed toward the topic of alcohol abuse and alcoholism as a separate subject. Additional materials are utilized during the instruction which relate specifically to the problems associated with alcohol abuse and alcoholism. Specific topics are:

- Effects of Alcohol on the Body
- Scope and Effect of Alcohol Problems
- Terminology
- Dependency Process
- Symptoms and Phases
- Family Systems
- Interventions
- Co-Alcoholism/Enabling
- Spiritual Aspects
- Identification and Documentation
- Children of Alcoholics
- Cultural Aspects and Specific Treatment Populations
- Self-help Group Lectures

### **Practicum and Team Training**

The practicum is conducted primarily on one of the NARCPAC treatment units and begins on the seventh week of training. The practicum provides practical experience in group and individual counseling situations with a client population similar to that which the prospective counselor will encounter in a CAAC or military counseling facility. Each student is assigned to a treatment unit where he/she will participate fully in the daily counseling and administrative activities under the supervision of his/her small group facilitators and the NDACS staff. Students are

observed, guided in the development of counseling skills, and evaluated throughout the practicum experience. Specifically, the practicum concentrates on the mastery of interviewing, intake evaluations, group process skills, individual progress notes, and group facilitation. The prospective counselor spends a minimum of 125 contact hours in the total practicum experience prior to completion of the course. Successful completion of the combined practicum certifies that the graduate has demonstrated competence in making appropriate decisions concerning screening documentation, referrals, and recommended treatment plans with a high degree of confidence regarding both drug/alcohol abuse and eating disorders.

### **CLASS ADMINISTRATION AND EVALUATIONS**

At the beginning of the course, students receive instruction and information concerning every aspect of the training environment. The instructor provides a complete overview of the course and guidelines regarding expectations and requirements. Monitoring is continuous with the first formal evaluation conducted prior to the onset of the practicum. Facilitator feedback and the results of graded examinations, intakes, and written assignments make each student continually aware of his/her status. Facilitators complete written evaluations for each student in his/her group and share the information with the student before it becomes a part of the permanent student record. Formal evaluations are conducted individually, in private with only the student, NDACS Director, and the student's facilitators present. At that time, in the form of two-way communication between the individual student and the staff, they discuss performance evaluations. Each student is evaluated as an individual and not in competition with other members of the class. Officers are evaluated as leaders and administrators with emphasis on maturity, flexibility, and the ability to combine the traits of a competent officer with the desired interpersonal skills. Students with significant areas of weakness, but who have demonstrated major efforts and potential for improvement, may be designated as marginal. Marginal refers to a situation in which student progress and performance is minimal and indicates a definite weakness in one or more areas of skill development. Students placed on marginal status are counseled concerning specific deficiencies, given additional instruction, and advised of another formal evaluation to be conducted within three weeks. At that time, assuming the student has corrected all skill deficiencies and no new weaknesses are evidenced, the student may be removed from marginal status at any time. Students who do not perform satisfactorily are recommended for disenrollment. Instructional time is allotted to the following areas:

- Orientation and Staff/Student Introductions
- Administrative Details and Procedures
- NDACS Curriculum Overview and Guidelines
- Study Techniques and Requirements
- Student Staffing/Evaluations
- Written Examinations
- Graduation and Related Activities



## ADDITIONAL COURSE REQUIREMENTS

In addition to the basic classroom instruction practicum, the student must also successfully complete the following requirements:

1. Write two acceptable intakes, following the recommended format, on two taped interviews.
2. Write five acceptable intakes and recommendation letters following the recommended format on five individual patients at the NARCPAC. In addition, write four sets of progress notes and complete NADIS forms on the last four patients interviewed at the NARCPAC.
3. Write four acceptable intakes, four recommendation letters, and complete four NADIS forms, following the recommended format, on four individual clients at a designated CAAC.
4. Research and prepare formal papers on the following topics:
  - a. Autobiography
  - b. Pharmacology
  - c. Analysis of Anonymous Meetings
5. Research, as a group function, any approved drug or alcohol topic and present an oral presentation to a community (non-profit) organization or any military organization.
6. Prepare three written critiques concerning the course experience. The first one occurs at the 6-week point and covers the instructional staff. The second and third critiques are at the end of the course and cover the overall course experience and the practicum experience.

## STUDENT EVALUATION

Experience with previous classes has shown that not all officers and enlisted personnel selected for training have the aptitudes and basic skills necessary to successfully complete the course. Consequently, each student is counseled at several stages during the training with the goals of discussing strengths and deficiencies and assisting the individual in fully developing basic abilities for handling the demanding role of a Drug and Alcohol Counselor or a CAAC Director. Formalized counseling and evaluation techniques and procedures are used to develop a permanent record of the individual's progress from the date of enrollment to the date of course completion or administrative separation from the school. Recognized deficiencies are quickly and tactfully brought to the individual's attention to help the student overcome weaknesses through extra staff effort and individual study. Students demonstrating significant unresolved internal and/or interpersonal difficulties are identified as early as possible and brought to the attention of the Director of NDACS for counseling. The student's school record includes information of this nature and notes the student's progress in overcoming deficiencies. If sufficient feedback and opportunities for correction are given and the student is still unable to



demonstrate the aptitude and skills needed for graduation from the course, only then is he/she disenrolled. In order to successfully complete the course, students must demonstrate ability in eight major areas.

#### GRADUATION CRITERIA

1. **Academic Aptitude.** Performance on written examinations must demonstrate that the student is assimilating the didactic materials and that the student possesses basic skills in the English language.
2. **Stress Tolerance.** The student's response to the challenges and the discomforts of new situations will indicate his/her ability to respond to stress.
3. **Maturity.** The prospective counselor must act in an age-appropriate manner consistent with his/her future role of counselor or administrator.
4. **Judgement.** NDACS expects decisions that demonstrate common sense and reasoning ability by all students.
5. **Military Orientation.** Regardless of the situation, the student must represent the appropriate military role model. Adherence to chain-of-command, proper deference to seniors, respect for subordinates, behavior, appearance and physical fitness are indicative of the student's military orientation.
6. **Flexibility.** The counselor must responsibly re-orient himself/-herself in given situations that arise during the course.
7. **Communication Skills.** The ability to coherently express ideas both verbally and on paper is emphasized. The student will develop the skills of writing competent intakes, referrals, and progress notes.
8. **Motivation.** Unstated, but implied, in the above seven areas is the student's motivation. Only with sustained and sincere motivation will any student successfully complete the requirements for the course.

#### GRADING CRITERIA

1. **Satisfactory.** A mark of satisfactory may be given to a student at any time during the course. The student must show continued improvement from the previous week's activities, including classwork. A student must show adequate listening and facilitating skills, good interaction with classmates, clients, and staff, and a good awareness of himself/herself. The student must also have received a mark of 81 or above on the assignments for the week and satisfactory on intakes/progress notes.
2. **Marginal.** A mark of marginal may only be given to a student from week two to six. The student will receive a mark of marginal for any of the following reasons:

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- a. Improved skills from the previous week in which he/she was rated marginal or unsatisfactory;
- b. Decrease in skills or lack of improvement from the previous satisfactory week;
- c. Receive a grade of 75-80 on tests or papers.

Overall, a marginal grade indicates that the student has minimal understanding of course material and counselor skills and cannot run a group without supervision. This student may also have several interpersonal areas which need attention.

3. **Unsatisfactory.** A mark of unsatisfactory may be given at any time during the course. The student will receive an unsatisfactory for any of the following reasons:

- a. Decreased skills or lack of improvement from the previous week, or previous satisfactory week (if in weeks 7 to 11);
- b. Receive a grade of 69 or below on a test or paper;
- c. Shows poor interaction with classmates, clients, and staff;
- d. Shows a lack of understanding or demonstration of facilitator skills, or motivation;
- e. Shows a lack of ability to improve on personal issues which would be detrimental in a counseling position.

Overall, an unsatisfactory grade indicates that he/she is unable or unwilling to participate in the course, understand and demonstrate interpersonal skills, or improve to a level satisfactory for a beginning counselor.

4. **Disenrollment.** The student may be recommended for disenrollment starting in week three. Normally, the student will not receive this recommendation until midcourse evaluation unless special circumstances warrant. The student must show one of the following:

- a. Received a failing grade average or have failed three or more tests/assignments (74 or below);
- b. Unable to demonstrate adequate counselor skills or the potential to learn them with extra training;
- c. A lack of adequate communication skills (oral or written);
- d. Have personal problems detrimental to the counseling process which cannot be overcome within the timeframe of the course.

## EVALUATIONS

1. Mid-course. The student will be evaluated by both group facilitators during the mid-course evaluation, using the Mid-Course Student Evaluation Form. The complete performance of the student will be assessed.

2. Re-evaluation. Any student not showing satisfactory or outstanding performance will be re-evaluated at week eight and week ten. Any student evaluated as marginal at the mid-course evaluation must show improvement to the satisfactory level or be marked as unsatisfactory or disenrolled. All students must finally be evaluated as satisfactory to graduate.

## COMMENTS ON THE OBJECTIVES

Format. Fair. The objectives do use actions which are observable. However, the objectives state actions in terms of the job profile. This is job relevant but means that classroom or course performance will have to be considered as an indicator of future job performance. Performance guideposts are not listed in a manner that allows students and instructors to measure class behavior as predictive of success on the job task. However, instructors may be constantly making subjective judgements about performance. The nature of this curriculum places emphasis on interpersonal communication. This however, plus the thrust toward a professional type of atmosphere means that the format problem is not a fatal flaw. Listing objectives on a lesson by lesson basis and using the action/condition/standard model, would substantially improve the clarity and effectiveness of instruction.

Measurability. It appears based upon the curriculum material reviewed, that professional judgement is used as the standard of performance in the grading of group interactions and term papers, etc. The utility of this as a measure of course success is probably quite high, given the personnel assigned to the instruction staff. However, this makes the instructor indispensable.

Instructional Strategy. Lecture, group interaction, video recorded role playing, homework, films, term papers, and field trips are all used quite appropriately in this course. The stand-up lecture portions of the course could be more effective if job-aids, films, and quiz materials were used. The section on pharmacology is a good candidate for this approach.

Media Options. Classroom, video, lecture notes, overhead transparencies, and films are now in use. Additional job-aids and quiz material could replace some of the lecture material.

Applicability. Highly job related.

Flags. Retain. Begin continuous course maintenance based upon the evolution of the school merger and developments in the field.

### ADVANCED COUNSELOR COURSE

This course is a follow on to the basic course. It has a professional orientation and together with internship can lead to professional certification in many states.

Cost	\$147,000
Goal Statements	2
Total Objectives Listed	25

### GENERAL OBJECTIVES

The course objectives in the advanced course, as was the case in the basic course, are couched in terms of job duties. Additional material provides some guidance as to the evaluation process, but specific standards are not listed. A few more of the advanced course lessons have terminal objectives listed, but the set is not complete. Some overlap with the basic course exists in the areas of Pharmacology, Psychology, Counseling Technique, Group Process Skills, Alcoholism, and Navy Policy.

### COUNSELING AND ASSISTANCE CENTER DIRECTOR

#### NOBC 3350

Directs the operations and administration of a Counseling and Assistance Center; establishes and supervises internal drug counseling programs and external programs of drug education; directs the screening and evaluation of counselees; maintains referral lines to professional services; coordinates operational efforts with local commands; establishes public relations programs; ensures proficiency of staff personnel.

### TERMINAL OBJECTIVES

1. Provide the student an opportunity to develop, refine, and practice counseling skills under professional supervision.
2. Students are given the opportunity to discuss and explore sensitive issues that arise in the counseling field and become better equipped to handle these issues properly. A workshop is conducted under the supervision of counseling professionals. (Note: In an effort to encourage maximum use of this time to explore sensitive issues, it is recommended that this session not be recorded.)
3. Students will be familiar with the Preceptor program and learn how their CAAC can contract a Preceptor.
4. Students will be able to update their intakes through interaction with other paraprofessionals in class and the staff. Students will be encouraged to discuss the forms they are using and share successes/problems with class members.

5. Through sharing successes and failures with classmates, students will learn new ways in which their CAAC can do outreach and advertising.
6. Students will be familiar with drug and alcohol abuse resources and procurement procedures available to them.
7. Students will be familiar with the NASAP/NDSAP program and the recent changes in policy.
8. Students will be familiar with the EMIT portable urinalysis kit, and the basic mechanics of how the equipment detects drug usage from body fluids. (Note: Full lesson book is available with EMIT kit from SYVA Corporation.)
9. Students will be familiar with Navy Drug Screening Laboratory procedures.
10. Students will be updated on rehabilitation policy, client population, and treatment program, with emphasis on trends in the past 12 months.
11. Students will be updated on Navy alcohol education and treatment programs.
12. Students will be updated on recent and proposed policy changes, especially for the aftercare program.
13. Students will be updated on legal developments in the drug and alcohol field and will be able to pose questions to a legal representative.
14. Students will observe and discuss four recently released films.
15. Students will be updated on urinalysis-reactant drugs, new drugs on the streets, marijuana abuse and effects on the body, and topics relating to alcohol abuse.
16. Students are encouraged to ask questions related to drug and alcohol.

#### COMMENTS ON THE ADVANCED COUNSELING COURSE OBJECTIVES

**Format.** The objectives in the advanced course are weak in format but rich in content. In most cases the objectives describe an observable action, but this action is worded in terms of process rather than product. In other words the objective describes the learning activity but not what the student will learn as evidenced by specific skills and knowledge demonstrated at the end of the learning sequence. An example: "Provide the student an opportunity to develop, refine, and practice under professional supervision practical counseling skills." An alternative format could be: Upon completing the lesson on counseling skills, and under (xyz) conditions, the student will demonstrate (abc) for the professional observed, who will use the (nnn) check sheet as an evaluation guide.



**Measurability.** It appears based upon the curriculum material reviewed, that professional judgement is used as the standard of performance in the grading of group interactions and term papers, etc. The utility of this as a measure of course success is probably quite high, given the personnel assigned to the instructional staff. However, this makes the instructor indispensable.

**Instructional Strategy.** Lecture, group interaction, video recorded role playing, homework, films, term papers and field trips are all used quite appropriately in this course. The stand-up lecture portion of the course could be more effective if job-aids, films, and quiz materials were used. The section on pharmacology is a good candidate for this approach.

**Media Options.** Classroom, video, lecture notes, text books, overhead transparencies, and films are now in use. Additional job-aids and quiz material could replace some of the lecture material.

**Applicability.** Highly job related.

**Flag.** Retain. Begin continuous course maintenance based upon the evolution of the school merger and developments in the field. The overlap between the basic and advanced course needs to be studied.



**DRUG AND ALCOHOL PROGRAM ADVISOR (DAPA) COURSE**  
(Originally Substance Abuse Coordinator (SAC) Course)

This course is currently under the control of the Chief of Naval Education and Training. It is taught at various locations with the course model manager located at Recruit Training Center, San Diego. The course has recently been condensed to 7 days.

Cost	\$1,500,000
Goal Statements	2
Total Objectives Listed	6

**TERMINAL OBJECTIVE LISTED IN WORK GUIDE**

Establish, maintain, and monitor a command alcohol and drug abuse program in accordance with current directives. (Substance Abuse Coordinator Course Information Sheet 6.2.11.)

**ENABLING OBJECTIVES**

The student will be able to state the purpose and use of the elements necessary in planning and administering a command drug and alcohol abuse program to include: (1) command organization and procedures, (2) education, (3) identification, (4) enforcement, (5) disposition, and (6) reemployment/aftercare.

**TERMINAL OBJECTIVE LISTED IN STUDENT GUIDE**

Given scenarios containing referrals from the Command medical and service records and CAAC/Medical Officer evaluations, perform screening of member service health records and interview member for further data gathering as required. Upon receipt of evaluations, submit written recommendations to the Commanding Officer and complete all required documentation in accordance with OPNAVINST 5350.4 series and an instructor check sheet developed from OPNAVINST 5350.4 (Student Guide).

**ENABLING OBJECTIVES**

1. Given a case study and assignment sheet, extract, and record information dealing with detection and deterrence, urinalysis, voluntary self-referral for rehabilitation procedures (VSRRP), and rehabilitation in accordance with OPNAVINST 5350.4 series.

2. Given an assignment sheet, extract and record information dealing with levels of treatment, resources (civilian and military), and procedures of referrals in accordance with OPNAVINST 5350.4 series.

3. Given a formatted letter to the Commanding Officer, with omissions, complete the letter with data extracted from service record, health record, supervisor's evaluation, CAAC evaluation and members screening appointment in accordance with OPNAVINST 5350.4 series and the instructor check-off sheet.

4. Given a substance abuse incident case study and worksheets, prepare a Substance Abuse Report (SAR), program entry letter, page 13 entry (when required), Armed Services Medical Regulating Office (ASMRO) message, in accordance with OPNAVINST 5350.4 series and the instructor check-off sheet.

5. Extract information from the treatment facility's narrative summary dealing with recommended program entry level workshop in accordance with OPNAVINST 5350.4 series.

6. Given information compiled over the 190 day period of aftercare specified in the Drug and Alcohol Program Entry Letter, complete a Drug and Alcohol Abuse Program Statement (exit) letter using information gained from OPNAVINST 5350.4 series.

#### **COMMENTS ON THE DAPA COURSE OBJECTIVES**

**Format.** Fair to good. The objectives are stated in observable action terms. However, the conditions and standards in some of the objectives are not completely explicit. For example, "current directives" as a phrase does not pin down the proper learner response. Some of the objectives include too much material. A separate objective for each of the elements would be better. It also appears that more enabling objectives are needed in light of the material covered in the student guide.

**Measurability.** Most of the objectives as stated are measurable at least on a pass/fail basis with the instructor judging the degree of compliance with the reference. The measurability could be improved by scaling the various levels of correct responses. These could be used as a self evaluation tool for the students or as a teacher evaluation guide.

**Instructional Strategy.** Lecture, homework, reading assignments, and practical exercises with the instructor available for questioning appear to be in use. Additionally simulation of the duties related to the job as practiced in the fleet and the use of job-aids could improve the effectiveness of the course. Some of the lessons represent good ideas which could serve as the first step toward a job-aid or support package to be taken from the course to the job.

**Media Options.** Lecture notes, handouts, and case studies are in use. Note: The lesson guide has been reproduced so many times that the copies are hardly readable. Additional use of job-aids is recommended.

**Applicability.** Job related. However, based on field interviews, there appears to be a wide range of expectations regarding the DAPA field duties. The exact degree of job relatedness cannot be determined without a job analysis. A job analysis is highly recommended.

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**Flags.** Retain. Begin immediate course development based upon a detailed job-task inventory and analysis. The reduction from 10 to 7 working days for this course was premature given present methods and materials. However, well designed job-aids and additional practical simulations could permit reduction of the DAPA course to 1-week.

### AFTERCARE PROGRAM MANAGER COURSE

(Originally Administration, Training and Advisor (ATA) Course)

The ATA Course, first known as the Familiarization and Theory of Alcoholism Course, was conceived and piloted in July 1972 at the Long Beach ARC (now an ARS). It was implemented on a full-time basis in September 1973 at the Naval Alcohol Rehabilitation Center, San Diego. The focus then was on the Navy Collateral Duty Alcoholism Counselor advisor, a position which has grown into an occupational specialty and is still evolving around the Navy Enlisted Classification (NEC) 9521. The latest evolution of the course is also oriented to the Drug and Alcohol Program Advisors (DAPA).

The DAPAs have their own entry level course. The Aftercare Program Managers Course is intended for all personnel involved in the aftercare process and is intended to be a follow on course for DAPAs. This review is based upon objectives listed in the course outline of the old ATA course as a new APM course outline was not available.

Cost	\$2,247,400
Goal Statements	1
Total Objectives Listed	111

#### TERMINAL OBJECTIVE AS LISTED

The successful completion of the course will assist the ATA (DAPA) in preparation for work in support of the Navy's Alcohol and Drug Abuse Program.

#### ENABLING OBJECTIVES

1. The student will be able to list, in writing, four roles of the advisor, as outlined in the Position Description, NEC 9521.
2. The student will develop a list of tasks usually associated with the fulfillment of the advisor's roles.
3. The student will determine the knowledges, skills, and attitudes needed for completion of the tasks usually associated with the advisor's role.
4. Given an allotted time in which students can interact, the student will ask questions of another student (as designated by the instructor in the pairing off process) following the format outlined in a questionnaire provided each student.
5. When instructed to make introductions, the student will reverse roles and introduce his partner, assuming the role of the partner.
6. When the student is instructed to assume his own identity/role, he can add or delete information presented about him by his partner and will respond to questions from the class.

7. When asked to identify class members, the student can relate at least one fact about each student in class; e.g., name, position, experience data, or background data.

8. The student will know a brief history of the program.

9. The student will state what role A.A. has played in NADAP development.

10. The student will identify the major program components called for in OPNAVINST 6330.1.

11. The student will be able to recognize the advisor's role in the command's responsibilities to the major program components.

12. The student will identify areas of NADAP where commands have been tasked to provide emphasis.

13. The student will know the difference between ARC, ARS, CAAC, and NASAP and will know the program sponsor, manager, and administrators.

14. The student will describe what makes an organization work and will relate this to NADAP.

15. The student will demonstrate knowledge of the purpose of A.A. and the three legacies of A.A.

16. The student will identify at least four different meeting formats found within the fellowship of A.A. and be able to find these different kinds of meetings locally.

17. The student will be able to state the requirement for membership in A.A.

18. When asked to discuss the controversy between the disease concept model of alcoholism and the moral defect model, the student will cite one example of each position.

19. When asked to describe briefly the history of the disease concept of alcoholism, the student will cite at least three significant examples from different periods of history which support the disease concept of alcoholism.

20. When asked to describe the various species of alcoholism presented by Dr. E. M. Jellinek, the student will identify the specific characteristics which identify each species.

21. When asked to describe the relevant portions of the various official directives, the student will correctly cite their:



- a. Supportive position relevant to the disease concept.
- b. Implications for the Navy Alcoholism Prevention Program.
- c. Implications for the advisor and the individual command's Alcoholism Prevention Program.

22. When asked to describe the definition presented in the AMA Manual On Alcoholism the student will cite correctly the key information contained in that definition.

23. When asked to give his own definition of alcoholism, the student will present a "working" definition of alcoholism which will serve to identify alcoholics for his purposes.

24. The student will correctly respond to questions regarding the theories presented in the AMA Manual on Alcoholism, i.e., physiological factors, psychological factors, and sociological factors.

25. The student will correctly respond to questions regarding the theories presented in Theories About the Causes of Alcoholism, in terms of physiological, genotropic, genetic, endocrine, learning, psychological, psychoanalytic, personality trait, sociological, cultural and deviant behavior theories.

26. The student will correctly respond to questions regarding the material presented in the film, "Alcoholism, U.S. Version."

27. The student will answer correctly with "No", the question, "Is there one single theory of cause of alcoholism which is unanimously accepted at this time in the field of alcoholism?"

28. The student will demonstrate his/her ability to present the multi-causal model of alcoholism through use of the chalkboard and discussion.

29. The student will correctly describe the Contact Phase of alcoholism as presented in S.M.1.

30. The student will correctly describe the Prodromal Phase of alcoholism as presented in S.M.1.

31. The student will correctly describe the Acute Phase of alcoholism as presented in S.M.1.

32. The student will correctly describe the Chronic Phase of alcoholism as presented in S.M.1.

33. The student will correctly describe the Stages of Alcoholism as presented in S.M.2.

34. The student will correctly describe the symptoms and phases of alcoholism as presented in S.M.3.



35. The student will correctly describe the progressive signs of alcoholism as presented in S.M.4.

36. The student will identify practices in the United States which contribute to extensive use of drugs and alcohol.

37. The student will correctly describe the dichotomy of attitude in the Navy in regard to alcohol use and drug use.

38. The student will correctly describe practices of polydrug use within the Navy.

39. The student will demonstrate the ability in writing to describe his/her attitudes toward use and misuse of legal and illegal drugs.

40. When asked to give the definition of polydrug use, each student will present a "working" definition of Polydrug use which will serve to identify polydrug users for the student's purposes, and one which will allow the student to identify polydrug users in the role of advisor.

41. When asked to describe the definition of "Synergistic Effect" the student will cite correctly the key information contained in that definition.

42. The student will demonstrate an understanding of the emergency procedures and field treatment of possible drug and alcohol overdose cases.

43. The student will define the primary target populations for each of the S.M.7 modules.

44. The student will state specific behaviors observable in command settings which might indicate the need for a particular kind of education activity or specific workshop.

45. The student will prepare and facilitate a 60-minute presentation and discussion on one aspect of alcohol use, misuse, or alcoholism.

46. The student will be able to state in writing the definition of a drug.

47. The student will be able to name the two effects alcohol has on all bodily functions.

48. The student will be able to explain Fetal Alcohol Syndrome, including cause, effects, and effective prevention.

49. When given a list, the student will be able to choose those areas of the body which are affected by alcohol.

50. The student will understand and be able to explain the link between alcohol and cancer.

51. The student will understand and be able to explain alcohol's depressant effect on the central nervous system.

52. The student will be able to define the terms "tolerance" and "dependency" as applied to alcohol use.

53. The student will understand and be able to define "synergistic effect."

54. The student will respond more openly, in the next process time, to the alcoholics and non-alcoholics exercise by making comments or expressing behaviors that indicate a broader perception of the alcoholic and/or non-alcoholic and of alcoholism in general.

55. The student will respond positively to a questionnaire given at the end of the course. The questions will be as follows:

a. Did the alcoholics and non-alcoholics exercise broaden your understanding of the alcoholic, the non-alcoholic, and/or alcoholism in general?

b. Can you identify at least one new understanding or insight that you gained from the exercise?

56. Following the exercise throughout the remainder of the course, the student will demonstrate behaviors that are consistent with the aim of promoting on-going self-exploration of conflicts in relation to drinking, to alcoholics and to non-alcoholics, and to alcoholism in general.

57. The student will be able to identify at least eight of the following characteristics of an active listener:

a. Suspends judgement as he listens.

b. Adopts an accepting positive attitude toward speaker.

c. Does not let outside distractions interfere with his listening.

d. Does not interrupt; listens even when anticipating what the speaker is going to say.

e. Looks at the speaker.

f. Does not erect barriers between himself and the speaker, physical or psychological; e.g., a desk between the two, posture indicating indifference.

g. Looks at and listens to the total person's words, voice, mannerisms, etc.

h. Encourages him to speak if he hesitates, but waits during silences without being fidgety, impatient, or creating discomfort in the speaker.

i. Restates what he has heard and asks for feedback from the speaker, i.e., whether he has heard speaker correctly.

j. Listens regardless of the speaker's manner of speaking or choice of words.

k. Tries to create a non-threatening, comfortable atmosphere offering some solitude.

l. Puts what he was doing out of sight and out of mind.

m. Shows by his body language that he is listening actively, i.e., smiles and nods his head and otherwise encourages the person to talk.

n. Thinks about what the speaker is saying and concentrates on understanding the messages.

o. Lets the speaker finish what he is saying.

58. The student will be able to identify at least 6 of the 12 roadblocks to communication, as cited in Part B of the Lecturette.

59. The student will be able to identify typical examples of nonverbal communication, e.g., body language and voice tone/inflection.

60. When given a listening test (a monologue or dialogue presentation), the student can respond to the questions on presentation content and intent with 80 percent accuracy.

61. The student will identify the tasks usually associated with the fulfillment of the roles of the advisor. (Civilian students will respond appropriately to their particular situation.)

62. The student will demonstrate the ability to describe the elements of an effective Alcoholism Prevention Program.

63. The student will demonstrate the ability to identify the observable signs of a troubled employee and to accurately document these behaviors.

64. The student will demonstrate the knowledge of how to apply the concepts of recognition and documentation to the individual command's Alcoholism Prevention Program.

65. Students will identify the differences between "spiritual" and "religious" in the treatment of alcoholism. They will recognize the importance of that difference for the alcoholic.

66. When asked to describe the contribution of Dr. Carl G. Jung to alcoholism, the student will state that Dr. Jung identified a "spiritual experience" as accompanying all cases of alcoholism recovery he had seen.

67. The student will be able to identify specific behaviors and/or attitudes that occur in the acute or chronic phase of alcoholism which may indicate spiritual deterioration.

68. The student will be able to identify in writing at least five behaviors and attitudes that may indicate spiritual growth, based on the Jellinek Chart of Alcoholism and Recovery.

69. The student will be able to discuss the different personal conceptions of the Higher Power of Alcoholics Anonymous.

70. The student will be able to identify OPNAVINST 6330.1 as the ready reference and authority for referral and transfer, specifically those sections emphasized during this lesson.

71. The student will be able to identify the necessary conditions for proper utilization of transferral procedures, i.e., the need to obtain proper medical evaluation of the client, the need to prevent overloading of rehabilitation facilities by making use of local programs and resources, and the need to make use of suspended punishment as a leverage for motivating the alcoholic to respond to treatment.

72. The student will be able to identify the procedures necessary to secure ASMRO numbers as authority to transfer personnel to ARCs.

73. When given hypothetical or real cases, the student can identify or describe the referral procedures appropriate to each case.

74. The student will be able to detail, in outline form, the organization and procedures of the referral process in his local program, i.e., what resources are used and for whom, and what function he performs as a referrer.

75. The student will be able to identify the three phases of the initial interview and will be able to identify and define the goals of each phase.

76. The student will be able to identify techniques or manipulations that a client might use during an interview.

77. When given statements modeling a counselor in an interview, the student will be able to identify phases in which each statement would be made.

78. When given a description of an interview situation, the student will be able to conduct an initial interview through its three phases.

79. The student will know and be able to list the purposes of the Focused Interview conducted by the advisor.

80. The student will know and be able to define the stages of the interview.

81. The student will be able to identify data resources available to the advisor.

82. The student will be able to identify the three recommended documentation instruments and will be able to demonstrate their use.

83. The student will demonstrate the ability to obtain and document necessary information in respect to client history and current situation to fulfill the requirements of an initial interview as determined by the module facilitator.

84. The student will demonstrate an awareness of individual interviewing techniques and effectiveness and will document areas of strengths and areas which need more attention for personal development.

85. The student will demonstrate the ability to present positive and critical feedback to others in a constructive manner as determined by the module facilitator.

86. The student will know what NASAP stands for.

87. The student will be able to define primary and secondary prevention.

88. The student will be able to identify and describe the ways NASAP is an important resource to advisors.

89. The student will demonstrate an awareness and appreciation for the keen interdependency of relationships within the alcoholic family.

90. The student will demonstrate an understanding of the interplay of alcoholism on the family system as described in the Lecturette and in S.M.1, i.e., it exists in the context of an imbalance in functioning in the total family system in which every family member plays a part in the dysfunction of the dysfunctional member.

91. The student will demonstrate an understanding of the recovery process as correcting the imbalance in the family system.

92. The student will be able to identify the steps in needs assessment necessary for command alcoholism workshop planning.

93. The student will be able to select and present an alcohol education workshop appropriate to the needs of his/her command.

94. The student will describe at least four significant ingredients of a successful recovery program.



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95. The student will identify the need for the recovering alcoholic to develop a new life style as the reason for an alcoholic's need for a continuing recovery program.

96. The student will identify at least three practices which will serve to support a continuing recovery program.

97. The student will identify at least three resources available which will serve to support an alcoholic's continuing recovery program.

98. The student will define the advisor's responsibility to:

- a. The re-entering recovering alcoholic.
- b. The command regarding this alcoholic.

99. The student will become familiar with a locally-based Navy Treatment Facility.

100. The student will be able to identify good communications skills when used in a simulated feedback session with the CO.

101. The student will be able to select recommendations for the CO which are complete, relevant, and appropriate to the given situation.

102. The student will be able to identify sources of client data other than the initial interview.

103. The student will be knowledgeable of referral procedures.

104. The student will make a recommendation/referral based on information provided in a case study.

105. The student will identify at least four therapeutic approaches found within the fellowship of A.A.

106. The student will be able to give an example of the autonomy of A.A. groups.

107. The student will be able to identify the three primary reasons the Navy uses A.A. within the NAPP.

108. The student will identify at least four different meeting formats found within the fellowship of Al-Anon/Alateen.

109. The student will demonstrate in writing knowledge of the purpose of Al-Anon as presented in Al-Anon literature.

110. The student will demonstrate knowledge of the purposes of Alateen by writing at least two of the four purposes presented in Alateen literature.



111. The student will be able to identify those modules in the ATA Course which address his/her expectations concerning the advisor roles and tasks.

#### COMMENTS ON APM COURSE OBJECTIVES

Format. Good to poor. Some contain observable actions but others use phrases like "the student will know" without including an observable action which operationalizes the concept of knowing. Very few objectives list conditions and standards.

Measurability. Most of the objectives do not include statements that facilitate measurement of achievement of that objective. However, instructor observation and judgement, written tests and homework assignments are all used in this course. The structure of the existing objectives do not relate the assessments that do take place to any particular objective.

Instruction Strategy. Lecture, discussion groups, field trips, homework, films, audio tapes, case studies, and written assignments are used in the course now. This seems appropriate for the student population.

Media Options. Classroom, lecture notes, texts and handouts, tapes, case studies, films and transparencies are now in use.

Flags. Retain. Update the regulations and terms used throughout the curriculum.

## **SUBSTANCE ABUSE WORKSHOP FOR THE SUPERVISOR**

Several courses or workshops exist for supervisors. Materials including objectives were obtained for two of these: (1) the COMSUBLANT Supervisors Substance Abuse Course and (2) the workshop devised by the Organizational Effectiveness Center Norfolk.

### **COMSUBLANT SUPERVISORS SUBSTANCE ABUSE COURSE**

Goal Statements	1
Total Objectives Listed	4

#### **Terminal Objective**

To provide supervisors with the skills to deal appropriately with actual/suspected drug involvement in the command.

#### **Enabling Objectives**

At the completion of this training, participants will:

1. Be able to describe the observable behaviors associated with the abuse of drugs.
2. Be able to explain specific responsibilities in actively supporting the Navy drug abuse control program.
3. Be better prepared to emphasize the need for support from the total chain of command.
4. Be able to apply strong leadership in prevention of drug abuse in the submarine force.

#### **Comments on the COMSUBLANT Supervisor Course Objectives**

**Format.** Fair to good. The statements cover the intent and purpose of the course and are worded in terms of post learning performance. However, the specifics of the performance and the standards for measuring the performance are not explicit.

**Measurability.** As stated, the objectives do not provide the basis for measurement. Evaluation appears to depend upon instructor judgements provided as feedback to the participants.

**Instructional Strategy.** Instructor lecture and instructor led group interaction are in use. The strategy is teacher dependent.

**Media Options.** Lecture notes and handouts are in use. Additional reference material and video tape or films would be a useful way to present much of the material.

**Applicability.** Job related.

**Flags.** Retain. It is recommended, however, that all of the various supervisor courses be combined and supported by a well designed handbook for issue to all officers in the fleet and shore establishments.

#### **OEC NORFOLK SUBSTANCE ABUSE WORKSHOP**

Goal Statements	3
Total Objectives Listed	3

#### **Terminal Objectives**

1. Upon completion of this workshop the participant will be familiar with symptoms and behaviors of possible drug and alcohol related problems.
2. Upon completion of this workshop the participants will be familiar with Navy and command policies with regard to drugs and alcohol.
3. Upon completion of this workshop the participant will input suggestions for possible inclusion in the command drug and alcohol policy.

#### **Comments on Supervisor Workshop Objectives**

**Format.** Fair to good. The objectives state the intent well but do not provide operational statements which amplify the meaning of "be familiar with" in observable terms. No explicit statements of standards are incorporated into the objectives.

**Measurability.** As stated the objectives do not provide the basis for measurement. Evaluation appears to depend upon instructor judgements provided as feedback to the participants.

**Instructional Strategy.** Instructor lecture and instructor-led group interaction supported by video tapes and a Substance Abuse Handbook are in use. The strategy is teacher dependent.

**Media Options.** Newsprint and markers, video tape, lecture notes and a handbook are in use. The handbook is a good idea and could be expanded into a comprehensive job-aid for issue to all supervisors.

**Applicability.** Job related.

**Flags.** Retain. It is recommended, however, that all of the various supervisor courses be combined and supported by a well designed handbook for issue to all officers in the fleet and shore establishments.

## DRUG AND ALCOHOL PROGRAM MANAGEMENT SEMINAR

As outlined by NAVMILPERSNOTE 5356 of 8 October 1981, a Drug and Alcohol Program Management Seminar has been developed for non-specialist staff managers, Human Resource Management Specialists, and others working in the area of drug and alcohol program management who desire additional information and training.

The seminar is designed to provide awareness and indoctrination to selected personnel in the management and operation of local drug and alcohol programs at all levels of command and in particular within the control aspects of program management. The 5-day sequence will be conducted in a manner requiring active participation of all attendees for the purpose of exchanging information and holding in-depth discussions.

Cost	\$188,000
Goal Statements	1
Total Objective Listed	9

### TERMINAL OBJECTIVE

Upon successful completion of the seminar the participants will understand that:

1. Alcoholism, alcohol, and drug abuse are problems which affect Navy production, readiness and safety, but which can be corrected to a significant degree by management action.

2. Alcohol and drug abuse control actions are command responsibilities.

3. Reemployment of naval personnel following alcoholism and drug treatment is a major component of successful rehabilitation procedures.

Additionally, graduates will be able to:

1. Evaluate and report command alcohol and drug program effectiveness.

2. Interpret and verify data from alcohol and drug identification and rehabilitation reports and convert the data to staff management action.

3. Assess, delineate, and recommend corrective action of Naval Stations, Wing/Flotilla Commander, Area Coordinator and SOPA.

4. Assess CAAC operations and conduct useful inspections.

5. Identify alcohol and drug manpower and budget assests and provide planning and management guidance concerning the use of these assets.

6. Demonstrate basic knowledge of alcohol related pharmacology and physiology, drug pharmacology and physiology, residential treatment

processes, all assets that relate to alcohol and drug program efforts, and alcohol and drug rehabilitation procedures.

7. Demonstrate comprehensive knowledge of: alcohol and drug program directives and requirements, identification procedures, organization of assets for control of alcohol and drug abuse, supervisory role in alcohol and drug abuse programs, local screening and counseling procedures, drug and alcohol inspection criteria and procedures, referral and disposition procedures, training and education goals for all levels of naval personnel.

The following enabling objectives have been selected to provide guidance for specific learning events and activities which will take place during the seminar:

1. Describe and discuss the prevalence of alcohol and drug abuse in the Navy and identify the principal ways in which these problems threaten production, readiness, and safety with reference to:

- a. National drug and alcohol abuse
- b. Alcoholism and drug addiction
- c. Navy alcoholism, alcohol, and drug abuse

2. Assimilate and discuss basic information concerning the psychological, physiological and sociological aspects of drug abuse and alcoholism.

3. Identify and discuss staff actions available to monitor, control, and improve the drug abuse control and alcoholism prevention program for cognizant command organizations; and describe the operation of principal systems for identification of both alcohol and drug abuse and common pitfalls in implementation of each system in accordance with the following:

- a. Navy policy for controlling drug and alcohol abuse
- b. Staff actions and responsibilities (with reference to):
  - (1) SECNAV
  - (2) CINCs
  - (3) CNO
  - (4) Type Command
  - (5) Flotilla
  - (6) Wings
- c. Policy, instructions, inspections, and monitoring

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- d. Staff actions to improve subordinate programs (with reference to):
  - (1) Case studies
  - (2) Bad and good examples
  - (3) Maximum results from maximum manpower expenditures
- 4. Identify and discuss the principal problems detracting from effective alcohol and drug abuse control in the Navy (with reference to):
  - a. Public law requirements, minimum and maximum compliance
  - b. How resources comply with public law
  - c. Unauthorized absence
  - d. Sick calls
  - e. Legal fines
  - f. Components of command program (with reference to):
    - (1) Education
    - (2) Identification
    - (3) Enforcement
    - (4) Disposition
    - (5) Re-employment
  - g. Policy, instructions, inspections and monitoring
  - h. Review of program problems and new directions
- 5. Describe and discuss the functional operation of the components of a basic command drug and alcohol program (in accordance with):
  - a. Command program components (organization for drug and alcohol)
    - (1) XO
    - (2) SAC
    - (3) SWO
    - (4) Watchstanders



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- (5) Medical Department
- (6) Personnel Office
- (7) Delegation of Duties
- (8) Change of Command
- (9) Specialists

b. Identification systems

c. Coordination and problems (with regard to):

- (1) Urinalysis
- (2) NASAPP
- (3) Referral
- (4) DEA
- (5) Customs
- (6) Civilian Authorities
- (7) Social Workers

6. Describe and discuss the role of the NAVSTA/NAS in an effective drug and alcohol program (with reference to):

a. Role of NAVSTA (with regard to):

- (1) Security
- (2) Marines
- (3) Clubs
- (4) NISO
- (5) NASAPP
- (6) CPO
- (7) Chaplains
- (8) CAACs
- (9) Medical
- (10) Inspection Procedures

b. Personnel Assets

- (1) Counselors
- (2) SAC (now DAPA)
- (3) Educational assistants
- (4) Supervisor training

7. Describe and discuss the Navy training plan for drug and alcohol education and identify the recommended training levels and the general thrust of the training at each level (in accordance with the following aspects):

a. Navy training plan for alcohol and drug education

b. Purpose and content of training

c. Program resources

- (1) CAAC
- (2) ARS
- (3) NDRC
- (4) ARC
- (5) Integration
- (6) How resources comply with public law
- (7) NASAPP
- (8) Educational assistants
- (9) Supervisor training

8. Describe and discuss the management parameters for control of alcohol and drug rehabilitation in screening, preventive education packages, out-patient counseling and residential treatment (with reference to):

a. Role of Screening

- (1) Drug dependence
- (2) Alcoholism
- (3) Polydrug abuse
- (4) Screening criteria

- (5) Duration of screening
- (6) Reports to commanding officers
- (7) Substance Abuse Management Information and Tracking System
- b. Role of Local Out-patient Treatment
  - (1) Polydrug treatment
  - (2) Rehabilitation phases
  - (3) Counseling by appointment
  - (4) Group scheduling
  - (5) Management considerations
- c. Residential treatment programs
  - (1) Procedures criteria for:
    - (a) Drugs
    - (b) Alcohol
- 9. Assimilate and discuss requirements for these reports:
  - a. Substance Abuse Report (SAR)
  - b. Substance Abuse Quarterly Report (SAQR)
  - c. Drug and Alcohol Program Statement (Entry)
  - d. Drug and Alcohol Abuse Program Statement (Exit)

#### COMMENTS ON MANAGEMENT SEMINAR OBJECTIVES

**Format.** Fair. The rather long objective is composed of many parts. This does state observable outputs for some points. Included, however, are some goal statements aimed at affective outcomes. These are not undesirable as objectives but no indicators of attainment are explicit in the curriculum outline. The statement tends to only list topical areas covered. The extent to which the objectives include conditions and measurement standards is low. This is not necessarily an indication that learning will not take place; rather, it indicates that learning can only be assessed subjectively by the instructor until the student returns to the field and applies or fails to apply knowledge gained.

**Measurability.** Low. Appears to rely heavily on subjective instructor assessment.

**Instructional Strategy.** Instructor lecture and instructor-led group interaction is in use. The strategy is teacher dependent.

**Media Options.** Lecture notes and handouts are in use. Additional reference material and video tape or films would be a useful way to present much of the material.

**Applicability.** Job related.

**Flags.** Retain. It is recommended, however, that all of the various supervisor courses be combined and supported by a well designed handbook for issue to all officers in the fleet and shore establishments.

## RECRUIT TRAINING

In 1980 there were 259 classroom sessions of 40 minutes each at Recruit Training Commands. Of these 17 were Human Resources Management. The drug and alcohol education part of the curriculum took up two classroom sessions. An Education Specialist attached to RTC Orlando, was contacted for assistance in determining the current state of the RTC drug and alcohol curriculum. He provided the latest 1984 Instructor Guide for U. S. Navy Recruit Training, Effects of Drug and Alcohol Abuse Lesson Topic 2.26. The objectives listed below are from the 1984 revised guide.

Cost	\$1,900,000
Goal Statements	1
Total Objectives Listed	4

### TERMINAL OBJECTIVE

Supported entirely by this lesson topic: Upon completion of this training segment, the student will be able to understand the Navy's policy on drug abuse.

### ENABLING OBJECTIVES

1. Describe the meaning of the following terms: (a) drugs; (b) drug use; (c) alcohol/drug abuse; (d) drug abuse paraphernalia; (e) controlled substance.
2. Describe the detrimental effects of alcohol, marijuana and other drugs on the human body and its metabolism.
3. Describe the Navy policy concerning the drug and alcohol abuser and the legal consequences.
4. Describe the objectives and elements of the Navy Drug and Alcohol Program and the procedures a drug/alcohol abuser may use for seeking assistance/care.

### COMMENTS ON THE RTC OBJECTIVES

**Format.** Fair to good. The objectives use action terms that relate to post instructional behavior. However, the verb "State" seems more appropriate than "Describe." Also the objectives are not explicit; terms like "understanding" should include a set of behavioral statements. To some extent, the enabling objectives include behavioral statements. However, without a criterion test for this lesson, there is no way to determine proper answers.

**Measurability.** The potential for measurement exists. However, current objectives are not measurable except for the instructor's subjective interpretation. The objectives call for verbal response but it appears that no test of that response is provided for in the lesson.

**Instructional Strategy.** It appears that lecture supported by films and transparencies is used to present the material. This is probably satisfactory for this application. However, the addition of some form of testing could provide feedback on the effectiveness of the class.

**Media Options.** Lecture notes, films and transparencies are now in use. A small field guide for issue to every sailor might improve the retention rate especially if the contents are included in general military subjects tested.

**Applicability.** The material covered seems highly relevant and proper for recruits.

**Flags.** Retain. Continue normal course maintenance.



## NAVAL RESERVE OFFICERS TRAINING CORPS

The Naval Reserve Officers Training Corps (NROTC) exists within the framework of an extensive network of colleges and universities. The drug and alcohol related parts of the curriculum are broken into year groups, freshman through senior.

Cost	\$110,000
Topics	16
Total Objectives Listed	33

### TERMINAL OBJECTIVES

The objectives for the program are related to a set of topics that are spread throughout the 4-year NROTC curriculum. Excerpts covering each topic follow:

#### Topic 11: Caffeine and Nicotine - Licit and Illicit Drugs (L&ID) III

##### A. Objectives

1. To acquaint the student with caffeine and nicotine and their effects upon the human body in medical use and addiction.

##### B. Outline of Instruction

1. Discuss the spectrum of caffeine and nicotine.
2. Give historical base of caffeine and nicotine in the United States.
3. Discuss medical and societal aspects of caffeine and nicotine, including addiction.
4. Film: "Tobacco" (MG-11173B, Part 11-C) (5 min).
5. Class discussion.

##### C. Suggestions for Instructor Review

1. Familiarization with references.
2. Provide handout on caffeine and nicotine.

##### D. Audiovisual Aids

1. Film "Tobacco" (MG-11173B, Part 11-C) (5 min).

##### E. References

1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 21 thru 27.

**Topic 13: Introduction to Navy Alcoholism Prevention Program IV**

A. Objectives

1. To provide information on the Alcohol Safety Action Program (ASAP). ASAP is proving to be the most effective method of detecting alcoholism in its early stages and inducing the individual to seek treatment ("early intervention").
2. To promote the acceptance of the recovered alcoholic as a useful and reliable member of society.

B. Outline of Instruction

1. Presentation of Navy Alcohol Safety Action Program (NASAP).
2. Presentation of local (community) ASAP by guest speaker. (Note: Division of time would depend on local program and availability of local speaker.)

C. Suggestions for Instructor Review

1. Review local community ASAP (where available).
2. Review Navy's ASAP (initiated at NAS Pensacola).
3. Develop local resources. State or local police usually have an ASAP specialist, someone with first hand experience who would give the presentation with genuine enthusiasm and credibility.

D. Audiovisual Aids

1. Local ASAP slides and script (if available).

E. References

1. Local ASAP program literature.

**Topic 14: Barbiturates, Tranquilizers and other Sedatives Licit and Illicit Drugs (L&ID) IV**

A. Objectives

1. To acquaint the student with barbiturates, tranquilizers and other sedatives and their effects upon the human body through medical use and addiction.

B. Outline of Instruction

1. Discuss the spectrum of barbiturates, tranquilizers, and sedatives.

2. Discuss barbiturates, tranquilizers and other sedatives in medical use and their addictive properties.
  3. Film: "Sedatives" (MG-11173B, Part 1-B) (4 min).
  4. Class discussion.
- C. Suggestions for Instructor Review
1. Familiarization with references.
  2. Provide handout on barbiturates, tranquilizers, and other sedatives.
- D. Audiovisual Aids
1. Film: "Sedatives" (MG-11173B, Part 1-B) (4 min).
- E. References
1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 28 thru 31.
  2. Lingeman, R. Drugs from A to Z: A Dictionary, New York: McGraw-Hill Book Company, 1969. P. 15 thru 20, 238

**Topic 16: Introduction to Navy Alcoholism Prevention Program V**

- A. Objectives
1. To inform the student in a factual way of the effects of alcohol and other drugs on the: (a) liver, (b) heart, (c) pancreas, (d) kidneys.
  2. To show how steady use of alcohol debilitates the body's ability to cope with disease.
  3. To continue to promote student acceptance of alcoholism as an illness that is preventable and treatable.
  4. To inform the student of physical symptoms which may indicate alcoholism.
  5. To promote student attitudes of responsibility with respect to alcohol.
- B. Outline of Instruction
1. Introduction of guest.
  2. Presentation of guest lecture on "Medical Aspects of Alcohol" Part I (40 min).

3. Follow-up discussion with students keying lecture to lesson objectives with participation of visiting doctor.
- C. Suggestions for Instructor Review
1. Develop discussion questions for students.
  2. Arrange to invite guest (specialist on alcoholism) well in advance (both parts I & II).
  3. Review film, "Alcohol" (MG-11173B in Navy Drug Kit) (5 min).
- D. Audiovisual Aids
1. "Alcohol" (MG-11173B).
- E. References
1. Manual on Alcoholism, American Medical Association. Available from American Medical Association, 535 Dearborn Street, Chicago, Illinois 60610.

**Topic 17: Introduction to Navy Alcoholism Prevention Program VI**

- A. Objectives
1. To inform the student about the effects of alcohol upon the brain and nerve tissue and to present a factual overview of the signs and symptoms of diseases resulting from alcohol and particularly from alcohol abuse.
  2. To achieve student acceptance of alcoholism as a severe illness.
- B. Outline of Instruction
1. Introduction of guest.
  2. Presentation of guest lecture on "Medical Aspects of Alcohol" Part II (40 min).
  3. Follow-up discussion with students keying lecture to lesson objectives, with participation of visiting doctor.
- C. Suggestions for Instructor Review
1. Schedule guest lecturer well in advance.
  2. Develop discussion questions for students.
- D. Audiovisual Aids
1. None. A Navy film on this subject is planned.

E. References

1. Manual on Alcoholism, American Medical Association. Available from American Medical Association, 535 Dearborn Street, Chicago, Illinois 60610.

**Topic 19: Cocaine, Amphetamines and "Speed" - Licit and Illicit Drugs (L&ID) V**

A. Objectives

1. To acquaint the student with cocaine, amphetamines and speed and their effects upon the human body in medical use and addiction.

B. Outline of Instruction

1. Discuss the spectrum of cocaine, amphetamines and "speed."
2. Discuss cocaine, amphetamines, and "speed" in medical use and addiction.
3. Film: "Stimulants" (MG-11173B, Part 1-C) (5 min).
4. Class discussion.

C. Suggestions for Instructor Review

1. Familiarization with references.
2. Provide handout on cocaine, amphetamines, and "speed."

D. Audiovisual Aids

1. Film: "Stimulants" (MG-11173B, Part 1-C).

E. References

1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 35 thru 39.

**Topic 21: Introduction to Navy Alcoholism Prevention Program VII**

A. Objectives

1. To provide the student with information about body chemistry and medical experience in the use of addictive drugs, with emphasis on alcohol.
2. To reduce negative attitudes associated with alcoholism which militate against proper referral for treatment and subsequent recovery.
3. Promote student attitudes of responsibility with respect to alcohol.

B. Outline of Instruction

1. Introduction of film "Escape from Addiction" (MC-11276) (5 min) and handouts (charts A & B, provided with film).
2. Presentation of film (30 min).
3. Discussion of film keying it to lesson objectives (15 min).

C. Suggestions for Instructor

1. Order film and reproduce charts A & B for students well ahead of time.
2. Study the guide for presenting "Escape from Addiction," which comes with the film.
3. Develop a set of discussion points for handout.

D. Audiovisual Aids

1. "Escape from Addiction," (MC-11276). Also available with instructor guide and charts from the American Association Against Addiction, 1225 West Market Street, Akron, OH 44313.

E. References

1. Bell, R. Gordon Escape from Addiction, McGraw-Hill, 1970.

**Topic 23: Inhalants and Solvents Licit and Illicit Drugs (L& ID) VI**

A. Objectives

1. To acquaint the student with inhalants and solvents and their possible effects upon the human body.

B. Outline of Instruction

1. Discuss the spectrum of inhalants and solvents.
2. Present the historical antecedents of glue-sniffing.
3. Film: "Volatile Substances" (MG-11173B, Part III) (4 min).
4. Class discussion.

C. Suggestion for Instructor Review

1. Familiarization with reference.
2. Handout on "Inhalants and Solvents."



D. Audiovisual Aids

1. Film: "Volatile Substances" (MG-11173B, Part III).

E. References

1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 43 and 44.

**Topic 26: Introduction to Navy Alcoholism Prevention Program VIII**

A. Objectives

1. To provide the student with information about the disease of alcoholism, early recognition, confrontation and intervention, community resources, and alcoholism as a family disease.
2. To promote attitudes of responsibility with respect to alcohol.
3. To acquaint the student with the most effective methods of treating alcoholism.

B. Outline of Instruction

1. Introduce film/video presentation and pass out outline (5 min).
2. Film or video presentation of Father Martin's "8 Guidelines for Helping in Alcoholism" (50 min).

C. Suggestions for Instructor Review

1. Review film/video.
2. Prepare handouts.
  - a. Lesson objectives.
  - b. Skeleton outline of presentation for student notes.

D. Audiovisual Aids

1. Father Martin's "8 Guidelines for Helping in Alcoholism" (University of Nebraska)

**Topic 27: LSD and Other Hallucinogens Licit and Illicit Drugs (L&ID) VII**

A. Objectives

1. To acquaint the student with LSD and other hallucinogens and their possible effects upon the human body in medical and social usage.

B. Outline of Instruction

1. Discuss the spectrum of LSD and other hallucinogens.
2. Present historical overview.
3. Discuss therapeutical and non-therapeutical uses.
4. Film: "Hallucinogens" (MG-11173B, Part III-A) (5 min).

C. Suggestions for Instructor Review

1. Familiarization with references.
2. Handout "LSD and other Hallucinogens."

D. Audiovisual Aids

1. Film: "Hallucinogens."

E. References

1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 45 through 52.

**Topic 28: Marijuana and Hashish Licit and Illicit Drugs (L&ID) VIII**

A. Objectives

1. To acquaint the student with marijuana and hashish and their possible effects upon the human body in medical and social use.

B. Outline of Instruction

1. Discuss the origin of marijuana and hashish.
2. Present a historical overview of their uses.
3. Discuss societal aspects of their uses.
4. Film: "Marijuana" (MG-11173B, Part III) (4 min).
5. Class discussion.

C. Suggestions for Instructor Review

1. Familiarization with references.
2. Handout "Marijuana and Hashish."
3. Point out the dichotomy of reference to THC (between reference book and film).

D. Audiovisual Aids

1. Film "Marijuana".

E. References

1. Brocher, E.M. Licit and Illicit Drugs, Boston: Little, Brown and Company, 1972 Chapters 53 through 60.

**Topic 31: Introduction to Navy Alcoholism Prevention Program IX**

A. Objective

1. To introduce the student to "Helping" community resources - especially in the alcohol/drug area, thereby acquainting the student with effective methods of treating alcoholism.
2. To achieve student acceptance of alcoholism as an illness that is preventable and treatable. (Also present the family illness concept.)
3. To remove stigmatic effects associated with alcoholism, which militate against proper referral for treatment and subsequent recovery.

B. Outline of Instruction

1. Introduce guest speaker (or speakers) for a panel discussion/presentation (5 min).
2. Handout local literature on community programs including A.A. and ALANON.
3. Guest speakers give presentation (45 min) on A.A. and ALANON programs (with involvement of students).

C. Suggestions for Instructor Review

1. Contact A.A. and ALANON groups in community well ahead of time and request their assistance in your education program.
2. Obtain AA and ALANON literature and pamphlets for handouts.
3. Review the Community Resources Manual (usually obtainable from the local United Fund Office).

D. Audiovisual Aids

1. None.

E. References

1. A.A. and ALANON literature (local).

**Topic 33: The Drug Scene - Licit and Illicit Drugs (L&ID) IX**

A. Objectives

1. To acquaint the student with the scope and dichotomies of the drug scene today.

B. Outline of Instruction

1. Present scope of drug use and abuse.
2. Two reel film: "US" (MC-6962 HW) (25 min).
3. Class discussion (15 min).

C. Suggestions for Instructor Review

1. Familiarization with references and film.

D. Audiovisual Aids

1. "US". Reeler Film Laboratories, Miami (available in Navy Drug Kit).

E. References

1. A.A. and ALANON literature (local).

**Topic 35: Introduction to Navy Alcoholism Prevention Program X**

A. Objectives

1. To promote attitudes of responsibility and understanding with respect to alcohol.
2. To emphasize that alcoholism is an illness that is preventable.
3. To teach supervisory personnel how to detect alcoholism in its early stages.

B. Outline of Instruction

1. Introduce film, "Alcohol, Drug of Choice" (MC-11300) and pass out a "lesson objectives" handout (5 min).
2. Film presentation (25 min).
3. Conduct class discussion; comparing points covered in film to lesson objectives (25 min).

4. Redefine alcohol abuse and alcoholism.
- C. Suggestions for Instructor Review
  1. Review film.
- D. Audiovisual Aids
  1. "Alcohol, Drug of Choice".
- E. References
  1. "New Headings" NAPP (order in advance from NMPC/Pers-6c15).

**Topic 36: Introduction to Navy Alcoholism Prevention Program XI**

- A. Objectives
  1. To promote personal acceptance of the Navy Alcoholism Prevention Program as an asset which will help the junior officer to be a better leader and manager.
  2. To teach junior managers how to induce the alcoholic person to seek treatment and to provide knowledge of the treatment facilities available.
  3. To acquaint personnel with the most effective methods of treating alcoholism.
- B. Outline of Instruction
  1. Pass out "New Headings" pamphlet and point out the usefulness of this brochure as a reference for the junior officer (5 min).
  2. Give Navy Alcoholism Prevention Program slide presentation (25 min).
  3. Conduct discussion of the total NROTC "Introduction to Navy Alcoholism Prevention Program" (15 min).
- C. Suggestion for Instructor Review
  1. Practice the NAPP slide presentation.
  2. Review total alcohol program in preparation for review discussion.
  3. Have slides set-up and ready prior to class.
- D. Audiovisual Aids
  1. Navy alcoholism prevention program slide presentation (80 slides and script available in all NROTC units).

E. References

1. OPNAVINST 6330.11 "Alcohol Abuse and Alcoholism Among Naval Personnel".
2. "New Headings" NAPP (order in advance from NMPC/Pers-6c15).

**Topic 39: The Navy Drug Abuse Program Licit and Illicit Drugs (L&ID) X**

A. Objectives

1. To examine the Navy's Drug Abuse and Drug Exemption Programs.
2. To acquaint the student with Navy and community drug abuse and rehabilitation resources.

B. Outline of Instruction

1. Discuss the NDRC, CAAC and Exemption programs.
2. Review the DOD urinalysis testing program.

C. Suggestions for Instructor Review

1. Read pertinent enclosures of OPNAVINST 5300.6 series, BUPERSINST 6710.1 series and latest DOD urinalysis testing program materials.
2. Stress the importance of junior officers encouraging enlisted personnel to abstain from drug involvement.
3. Emphasize the illegality of drug usage in American society.
4. Learn local community drug programs and bring in guest lecturer, if desired.

D. Audiovisual Aids

1. None

E. References

1. OPNAVINST 5300.6 series.
2. BUPERSINST 6710.1 series.
3. DOD Urinalysis testing program materials.

**COMMENTS ON THE NROTC OBJECTIVES**

**Format.** Fair. Although the range and attention to complete topical coverage is good, the objectives are stated in many cases using phrases which describe teacher behavior rather than learning outcome.



**Measurability.** Low. Standards for performance are not provided. The objectives express a general affective intent without any indicators or reference to attitude scales.

**Instructional Strategy.** Instructor dependent lecture discussion format for classes supported by films and guest lecturers is in use. Strategy is appropriate for the student population.

**Applicability.** Topical selection seems relevant and appropriate to the needs of the student population. An effort should be made to include outside reading assignments covering recent developments in drug and alcohol research.

**Flags.** Retain. Provide instructional development as part of normal course maintenance, with attention to writing the conditions and standards for the objectives which should be revised to describe student learning outcomes.

### AVIATION OFFICER CANDIDATE SCHOOL

The Aviation Officer Candidate School, located at Pensacola, Florida, presents 8 hours of instruction on drug and alcohol abuse during each OCS class.

Cost	\$9,000
Goal statement	1
Total objectives listed	6

(NOTE: Aviation Schools Command reports that this program is only for Air Officer Candidate School. Air Officer Indoctrination School is handled separately.

#### TERMINAL OBJECTIVE

Participants will acquire skills and information necessary to deal effectively with alcohol-related problems personally and/or professionally.

#### ENABLING OBJECTIVES

1. Learn Navy alcohol prevention program directives and history.
2. Learn the purpose and functions of the NAPP.
3. Give a definition for alcoholism.
4. Describe the stages and symptoms of alcoholism.
5. Learn on-the-job indicators of potential alcohol abuse and alcoholism.
6. Learn effective strategies for combating alcohol abuse including resource agencies and educational materials that support local command sponsored programs.

#### COMMENTS ON AVIATION SCHOOLS

**Format.** Fair. The terminal and four of the six enabling objectives are stated in terms of learning activity rather than learning outcome. This leaves the exact detail and extent of learning open to question. The first enabling objective is too broad. This may create ambiguity regarding what students would learn.

**Measurability.** Low. There are insufficient outcome statements and no criteria for attainment of outcomes.

**Instructional Strategy.** Lecture supported by handouts is in use.

**Media Options.** Lecture notes and handouts are now in use. With this population additional texts and films could be advantageous.

## Technical Report 86-003

**Applicability.** No material on drugs, otherwise appropriate for the population.

**Flags.** Retain. Continue course development by writing more detailed objectives and adding material on drugs. Films, additional tests, and reading materials would also be useful.

## OFFICER INDOCTRINATION SCHOOL

The Officer Indoctrination School Naval Education and Training Center, Newport, Rhode Island includes lessons on the "Drug Abuse Control Program" and "Alcoholism Prevention Program."

Cost	\$100,000
Goal Statements	3
Total Listed Objectives	16

### TERMINAL OBJECTIVES

Support the Navy Drug Abuse Control and Alcohol Prevention Programs and strive to eliminate the stigmatic effects associated with drug abuse and alcohol abuse which mitigate against proper referral for treatment and subsequent restoration to duty.

Upon completion of this course, the student will be able to apply within his/her command, the principles of the Human Resources Management Support System as they relate to equal opportunity, overseas diplomacy, drug abuse control, alcoholism prevention and management of change in accordance with OPNAVINST 5300.6 series.

### ENABLING OBJECTIVES

The objectives are listed as follows:

#### Drugs

1. Describe, in a guided group discussion, the Navy's drug abuse control program, given an explanation of the Navy's drug identification, education, amnesty and rehabilitation programs.
2. Examine, in a guided group discussion, various methods which may be used to assist the drug abuser who seeks or needs help, evaluating these methods after practical application in a role-play situation.
3. Delineate the role of drug abuse education in the Navy drug abuse control program, given information about educational material available service-wide and the Navy's educational philosophy directed toward prevention of drug abuse.
4. Identify steps necessary to ensure acceptance of a recovered drug abuser as a useful, reliable member of the Navy community, given the situation of a returnee from an NDRC.

#### Alcohol

1. Examine, in a guided group discussion, the Navy's policy of acceptance of alcoholism as a treatable disease after having viewed the film "Chalk Talk".

2. List orally or in writing possible signs of nonsocial and/or pathological use of alcohol.

3. Describe in a guided group discussion the Navy facilities available for treatment of the alcoholic, and the Navy's criteria for recovery from alcoholism and subsequent restoration to duty, as presented in class.

4. Examine in a guided group discussion various methods which may be used to induce the alcoholic to seek treatment evaluating these methods after practical application in a role play situation.

5. Delineate the role of alcohol education in the Navy's alcoholism prevention program and the educational materials available for use in support of the program.

6. Identify, from his/her own experience, norms in the Navy which promote alcohol abuse, and PROPOSE actions to counter these norms.

**Topic 1.8: Alcoholism Prevention Programs**

Estimated contact hours allotted this lesson topic:

Classroom

3.32 hours

Laboratory

0.00 hours

**Terminal Objective.** Supported partially by this lesson topic and by lesson topics 1.1, 1.2, 1.3, 1.4, 1.5 and 1.9.

Upon completion of this course, the student will be able to apply within his/her command, the principles of the Human Resources Management Support System as they relate to equal opportunity, overseas diplomacy, drug abuse control, alcoholism prevention and management of change in accordance with OPNAVINST 5300.6 series.

**Enabling Objectives.** Supported entirely by this lesson topic.

Upon completion of this lesson topic, the student will be able to:

1. Explain, orally or in writing and without error, the purpose of the Navy's alcohol rehabilitation program, as specified in OPNAVINST 6330.1 series.

2. After viewing the training film "Chalk Talk" on alcohol and alcoholism, SPECIFY three factors which contribute to alcohol abuse. One factor must be physiological, one psychological, and one social, as discussed in the film.

3. Delineate, in writing without error, the role of alcohol education in the Navy's alcoholism prevention program and the educational materials available for use in support of the program, as specified in OPNAVINST 6330.1 series.

4. Given a series of three cases, IDENTIFY at least three examples of human behavior which may suggest an alcohol related problem, as discussed in the L & M Student's Guide and the training film "Chalk Talk."

**Lesson Topic 1.7: Drug Abuse Control Program**

Estimated contact hours allotted this lesson topic:

Classroom

2.49 hours

Laboratory

0.00 hours

**Terminal Objective.** Supported partially by this lesson topic and by lesson topics 1.1, 1.2, 1.3, 1.4, 1.5, and 1.9.

Upon completion of this course, the student will be able to apply within his/her command, the principles of the Human Resources Management Support System as they relate to equal opportunity, overseas diplomacy, drug abuse control, alcoholism prevention and management of change in accordance with OPNAVINST 5300.6 series.

**Enabling Objectives.** Supported entirely by this lesson topic:

Upon completion of this lesson topic, the student will be able to:

1. Explain, orally or in writing, the Navy's Drug Exemption Program, including selection of the command drug exemption representative and eligibility for a drug exemption, as specified in SECNAVINST 5355.1 series.

2. Delineate, in writing without error, the role of drug abuse education in the Navy drug abuse control program, given information about educational material available service-wide and the Navy's educational philosophy directed toward prevention of drug abuse, as specified in SECNAVINST 5355.1 series.

**COMMENTS ON THE NAOIS OBJECTIVES**

**Format.** Good. In a few cases objectives are stated using phrases which describe teacher behavior rather than learning outcome. However, for the most part an observable outcome of student learning is indicated. In addition, the conditions are stated and the criteria included or implied.

**Measurability.** Good. Standards for performance are provided. The terminal objective states a general intent worded in terms of future activity in the Command. This reflects the intent of transfer from the learning activities but is not a measurable activity. The enabling objectives, which are measurable, appear likely to transfer but no validation criteria are stated.

**Instructional Strategy.** Instructor dependent lecture and discussion format for classes supported by films and guest lecturers is in use. Strategy is appropriate for the student population.



Technical Report 86-003

**Applicability.** Topical selection seems relevant and appropriate to the needs of the student population. An effort should be made to include outside reading assignments covering recent developments in drug and alcohol research.

**Flags.** Retain. Continue normal course maintenance and add reading assignments on new research results.

## OFFICER TRAINING CANDIDATE SCHOOL

Drug and alcohol abuse is part of a course on Naval Leadership involving 10 lecture hours supported by a film and some guided discussion.

Cost	\$27,000
Goal Statements	1
Total Objectives Listed	14
Enabling	13*

\* Of the 13 enabling objectives, 5 differ only in reference to alcohol or drug abuse.

### TERMINAL OBJECTIVES

At the completion of this course, the student will be able to demonstrate characteristics in leadership, communication and group process skills, display a knowledge and understanding of U.S. naval history, customs and traditions and demonstrate those leadership characteristics, capabilities, and communication skills with regard to the Human Resources Management Support System, and organizational development and management which reflect his/her ability to function effectively as a naval officer and a leader utilizing the chain of command.

The student will be able to demonstrate those leadership characteristics, capabilities and communications skills with regard to drug/alcohol use and abuse which reflects his or her ability to function effectively in the context of the Human Goals Plan objectives as a naval officer and a leader.

#### Comments

After completion of training when presented with a leadership situation the student will recall the applicable management, regulatory, and command knowledge and utilize leadership skills to effect a satisfactory solution in keeping with the traditions and customs of the naval service.

### ENABLING OBJECTIVES

1. Given selected case studies involving substance abuse, explain the appropriate measures a division officer would use in the problem-solving process IAW OPNAVINST 6330.1 and SECNAVINST 5355.1.

#### Comments

**Format.** Good. Contains an observable action, includes as part of the conditions, and references a standard.

**Measurability.** In this case, during the guided discussion, the teacher could make judgements about the response. It is unlikely that this is systematically recorded by the instructor. It appears that all objectives are measured by using a final written test which was not included with the lesson plans. Measurability of this objective hinges on the test.

**Instructional Strategy.** Guided discussion is a fairly good approach; simulation would be more effective. Using guided discussion makes the effectiveness of the strategy dependent upon the skill of the instructor.

**Media Options.** Classroom, teacher, and case study handout are now in use. Additional media for a simulation exercise could include script and evaluation forms for instructor rating.

**Applicability.** Job related.

**Flags.** Retain.

2. Describe, in writing, the treatment available at each level of the Navy's Alcohol Rehabilitation Program IAW OPNAVINST 5300.6 and OPNAVINST 6330.1.

**Comments**

**Format.** Good. Contains an observable action, includes stimulus materials as part of the conditions, and references a standard.

**Measurability.** In this case, the objective provides for a written response by the student. However, no opportunity for this is planned in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. It appears that all objectives are measured by using a final written test which was not included with the lesson plans. Measurability of this objective hinges on the test which may or may not be valid.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could be used also. Reading material would make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are now in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a description as the objective now reads). An alternative could be: with the use of a job-aid, select the treatment options for each level of the Navy program when presented a list of services and case histories.

3. Identify, in writing, the personnel available to assist a command in identifying and preventing alcohol abuse as described in OPNAVINST 5300.6 and OPNAVINST 6330.1.

Comments

**Format.** Good. Contains an observable action; includes stimulus materials as part of the conditions, and references a standard.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could also be useful. Additional reading material would make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a description as the objective now reads). An alternative could be: with the use of a job-aid identify the personnel who could assist a command when presented a list of services and case histories.

4. Relate, in writing, the Navy's policy toward alcohol abuse as outlined in OPNAVINST 5300.6 and OPNAVINST 6330.1.

Comments

**Format.** Good. Contains an observable action, including stimulus materials as part of the conditions, and references a standard.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could also be useful. Additional reading material would make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are now in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a policy description as the objective now reads). An alternative could be: When presented a list of policy statements select those which are current Navy policy.

5. Define, in writing, the term alcohol abuse IAW OPNAVINST 6330.1.

**Format.** Good. Contains an observable action, includes stimulus materials as part of the conditions, and references a standard.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could also be useful. Additional reading material could make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are now in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a definition as the objective now reads). An alternative could be: When presented a list of definitions select those which are correct and current Navy policy.

6. List, in writing, the three primary methods by which alcohol abuse is identified IAW OPNAVINST 5300.6 and OPNAVINST 6330.1.

**Comments**

**Format.** Fair. Contains an observable action and references a standard. However, there is no mention of conditions or aids etc.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide



could also be useful. Additional reading material could make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are now in use. Additional media could include a job-aid and quizzes to stimulate its use.

**Applicability.** Job related.

**Flags.** Retain.

7. Identify, in writing, those duties which are applicable to the collateral Duty Alcohol Counselor IAW OPNAVINST 6330.1.

**Comments**

**Format.** Fair. Contains an observable action and references a standard. However, there is no mention of conditions or aids etc.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could also be useful. Additional reading material could make this objective less instructor dependent.

**Media Options.** Classroom, teacher, and lecture notes are now in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a description as the objective now reads). An alternative could be: when presented a list of duties use the job-aid to select the duties of the alcohol counselor.

8. List, in writing, the services available in the Navy's Alcohol Safety Action Program IAW OPNAVINST 5300.6 and OPNAVINST 6330.1.

**Comments**

**Format.** Fair. Contains an observable action and references a standard. However, there is no mention of conditions or aids etc.

**Measurability.** In this case, the objective calls for a written response by the student, but this is not included in the lesson outline. It is therefore unlikely that performance is systematically recorded by the



instructor. Additionally, measurability of the objective hinges on a final written test which was also not included with the lesson plans. Validity, therefore, cannot be determined.

**Instructional Strategy.** It appears lecture is used here which is a fairly good approach. However, job-aids in the form of a reference guide could also be useful. Additional reading material could make this objective less instructor dependent.

**Media Options.** Classroom, teacher, lecture notes are now in use. Additional media could include a job-aid reference guide and test to stimulate the use of the aid.

**Applicability.** Job related.

**Flags.** Retain or modify (if students are not actually given an opportunity to write a description as the objective now reads). An alternative could be: When presented a list of services, use the job-aid to list the services provided by NADSAP.

**APPENDIX B**  
**OTHER SERVICE PROGRAMS**

## SECTION I

### DEPARTMENT OF DEFENSE SUBSTANCE ABUSE POLICIES

The DOD issues broad policy guidance requiring the services to prevent drug and alcohol abuse. This guidance is formulated by the Office of the Assistant Secretary of Defense for Health Affairs, Deputy ASD for Professional Affairs and Quality Assurance (OASD/HA/PA&QA). The key documents are directives 1010.4, Alcohol and Drug Abuse by DOD Personnel, and 1010.7, Drunk and Drugged Driving by DOD Personnel; and instructions 1010.5, Education and Training in Alcohol and Drug Abuse Prevention, and 1010.6, Rehabilitation and Referral Services for Alcohol and Drug Abusers. Services and commanders are authorized to use drug testing, inspections, and searches in identification of drug abusers.

A DOD Joint Service Oversight Committee was recently established to coordinate policy and resources among DOD components and the Veterans Administration regarding treatment and rehabilitation matters of Joint Service and VA interest. This committee is chaired by a representative from the OASD/HA/PA&QA with representation from all military services and the VA who are knowledgeable and trained in the area of substance abuse treatment.

### UNIFORMED CODE OF MILITARY JUSTICE (UCMJ)

The Uniformed Code of Military Justice punishes drug offenders under:

1. Article 134, General Article. This article includes as offenses: "All disorders and neglects to the prejudice of good order and discipline in the Armed Forces, all conduct of a nature to bring discredit upon the Armed Forces ...."

2. Article 92, Failure to Obey an Order or Regulation. This article states: "Any person subject to this chapter who violates or fails to obey any lawful general order or regulation ... is derelict in the performance of his duties, shall be punished as a court martial may direct."

3. Article 133, Conduct Unbecoming to an Officer. Officers who engage in drug abuse can be prosecuted under this article.

The Uniformed Code of Military Justice also punishes alcohol abuse. Alcohol is the root cause of many offenses and the UCMJ makes certain alcohol-related misconduct a specific crime under:

1. Article 111. It a crime to drive a vehicle while drunk. If there is no resulting death or injury, the maximum period of confinement is 6 months. If death or injury occurs, the maximum confinement is one year.

2. Article 112. It a crime to be drunk on duty. The maximum period of confinement is 9 months.

3. Article 113. A drunk sentinel can be sentenced to confinement for a year. The maximum sentence for a sentinel violation during a war is the death penalty.

4. Article 134. Prior indulgence in intoxicating liquor that incapacitates one for the proper performance of duty is also a crime. This is usually the "hangover" case. It is a crime for a military member to be drunk and disorderly, whether on station, in quarters, or in a club.

5. Article 133. Conduct unbecoming to an Officer.

**Exemptions for Medical Dependency.** Drug abusers who voluntarily present themselves to the commander, NCOIC, or medical personnel for treatment and rehabilitation in regard to their personal use of drugs (and who are determined to be medically dependent) are exempt from disciplinary action under the UCMJ and administrative discharge less than an Honorable Discharge. These exemptions apply only to those members who voluntarily reveal the extent and nature of their personal drug use and seek treatment before being apprehended, placed under investigation, or advised of action concerning administrative separation because of their use of drugs. Additionally, these exemptions apply only to personal use or possession of drugs related to personal use. Those who are determined not medically dependent on drugs are subject to full disciplinary action.

## SECTION II

### AIR FORCE SUBSTANCE ABUSE PROGRAMS

#### USAF DRUG AND ALCOHOL (D/A) POLICIES

The program objective (HQ USAF, 1985) is to maintain standards of behavior, performance, and discipline necessary for mission accomplishment. Those airmen who cannot or will not meet standards should be considered for separation. Drug abuse is not compatible with the Air Force (AF) mission and will not be tolerated. Alcoholism is recognized as being preventable and treatable. Key personnel (CO, 1st Sgt, Sr. Enlisted Advisor) need to be involved for early identification/treatment/separation of AF members who abuse drugs.

The chain of command starts at the individual AFB where the Social Actions (SL) Office is responsible for developing local D/A programs. The official objectives of SL are to eliminate or neutralize the social and cultural conditions having a direct negative impact on mission effectiveness and to maintain AF standards. The program uses preventive measures including: (1) early identification of problems and issues, (2) education for various target groups, and (3) resolution of concerns at lowest possible level using the chain of command.

AF personnel who deliver Drug and Alcohol Abuse Control (DAAC) services primarily work at Social Action Offices or mental health clinics and medical centers (such as Wilford Hall of Lackland AFB). The program cornerstone is the DAAC counselor (AF Specialty Code 734XOB, Social Actions Technician or 73XX, Social Actions Officer). The counselor interviews and counsels substance abusers and also provides DAAC education to base personnel. There are about 400 DAAC counselors AF-wide.

Mental Health Clinic (MHC) specialists (enlisted AFSC 914X0) perform psychological testing and outpatient counseling and therapy. Mental Health Ward (MHW) specialists (enlisted AFSC 914X1) perform inpatient therapy and nursing functions. There are about 250 MHC and 250 MHW specialists AF-wide. The professional staff of MH clinics and alcohol treatment/rehabilitation centers includes officers and sometimes civilians with formal training in clinical psychology, psychiatry, social work, or psychiatric nursing.

At the top of the chain of command is the Drug and Alcohol Abuse Control Office at HQ USAF (Point of Contact (POC) is the Branch Chief, Autovon 224-8488) which formulates overall AF policy and has ultimate responsibility for all programs. These programs are detailed in AF Regulation 30-2, Social Actions Program. The AF Manpower and Personnel Center (AFMPC/MPCX) is responsible for implementing and managing the operational aspects of the Drug and Alcohol Abuse Control Program in support of established policy. This includes development of field procedures, program reporting, and updating standardized education packages for AF D/A programs.

The Surgeon General (HQ USAF/SG) develops, implements, and monitors the medical aspects of the DAAC program and provides detoxification, medical evaluation, and treatment for D/A abusers. This includes patient and family treatment at eight regional alcoholism rehabilitation centers and aeromedical evacuation of patients. The Social Actions Office works closely with the Senior Installation Commander (SIC). The SIC is responsible for carrying out programs according to AFR 30-2. A local committee (DAACC) has responsibility for all aspects of abuse prevention, identification, and rehabilitation. The DAACC establishes local program goals, monitors results, and reports to the base commander. The chair of the DAACC is the SIC or Vice Commander. A DAACC also exists at each major command (MAJCOM) level to oversee installation programs. A MAJCOM may supplement AFR 30-2. The Drug and Alcohol Abuse Control Officer/NCO (DAACO/NCO) is responsible to the SIC (through the Chief of Social Actions) for administering and conducting the DAAC program.

Methods of identifying D/A abusers include:

1. Arrest/apprehension/investigation
2. Self-identification
3. Biochemical identification
4. Medical identification
5. Command referral identification

All potential drug and alcohol abusers are evaluated using the Drug/Alcohol Abuse Evaluation Process (DAAEP).

The commander is assisted by a series of interviews with the Social Actions office, medical or mental health personnel, the chaplain (optional), and other agencies determined necessary. While Social Actions personnel may use intake checklists for the purpose of evaluation, ultimate decisions regarding entry, progress, or completion must come from the interaction of Rehabilitation Committee (RC) members. The RC is composed of the unit commander, immediate supervisor, medical or mental health evaluator, the drug and alcohol abuse control representative, and other staff agency personnel who are involved in evaluating the member. Through the RC the commander determines the necessity for rehabilitation participation based on all available information. Following evaluation, the commander may decide to: (1) substantiate abuse and direct entry into the DARP or AARP (Alcohol or Drug Abuse Rehabilitation Program), (2) substantiate abuse but determine program entry is not required, or (3) not substantiate abuse.

Social Actions must conduct an assessment interview with the member and provide an overview of the evaluation process. Social Actions must also make appointments for a medical evaluation, an awareness seminar, and with other helping agencies determined necessary. Social Actions must ensure the medical or mental health evaluator is provided summaries of all data gathered during the assessment interview and from the commander.



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The medical evaluation includes a review of all documentation provided by Social Actions, the individual's medical records, and observation of the individual's general physical condition. Additional medical, mental health, psychiatric, or laboratory examinations are performed at the discretion of the evaluator. The medical or mental health evaluator presents evaluation document(s) to the RC for subsequent retention in the individual's case file.

An evaluation by a chaplain is not mandatory, but commanders may include it in the process. If a chaplain evaluation is accomplished, then the chaplain should attend the RC meeting.

While the evaluation process is taking place, the member will attend the 8 hours of drug or alcohol awareness seminar. This seminar gives information on Air Force standards, personal responsibility, communicative skills, values and goals clarification, specific information on intoxicated driving, and alternatives to drug and alcohol abuse. It is designed to educate the member to make responsible decisions about drug abuse and alcohol use.

After all evaluations are complete, the RC will convene to determine if the individual should be entered into local rehabilitation. If entered, the RC will develop a regimen. Entry into rehabilitation is required when:

1. An individual is diagnosed as drug dependent or alcoholic/alcohol abuser.
2. An individual is categorized as a "drug supplier."
3. An individual is being processed for separation.
4. An individual's drug/alcohol abuse is on-duty related, or entry is directed by another regulation.
5. An individual has a prior history of illegal drug involvement or alcohol related incidents.

The RC will establish an individual, goal oriented rehabilitation regimen for each participant. The treatment regimen addresses problem areas identified in the evaluation process. In the case of ARC returnees, the RC pursues the ARC rehabilitation regimen for the follow-on phase, unless new information indicates a deviation from that regimen is necessary. The participant may attend RC meetings and take part in the formulation of this regimen at the discretion of the RC. The RC must also evaluate each participant's progress in rehabilitation and recommend appropriate disposition at least quarterly. The assessment and recommendations of the RC are recorded for each participant and entered into the rehabilitation case file.

Positive involvement of a person's family enhances the rehabilitation process. The commander, in consultation with the RC, should make every possible effort to bring the family into the entire rehabilitation and

recovery process. The DAAC specialist may contact family members only after consent has been given by the program participant.

Local rehabilitation is mandatory except for nondependent drug abusers being discharged. Local rehabilitation should not exceed 45 days for the DARP and should not exceed 90 days for the ARP. Local rehabilitation should be designed to redirect the behavior of participants so they voluntarily meet Air Force standards of performance and conduct.

The Director of Base Medical Services (DBMS) or a designated representative must be informed when the RC believes an individual may be a candidate for inpatient treatment. If a medical facility identifies a person requiring immediate inpatient treatment, Social Actions and the member's commander must be contacted. AF ARC inpatient treatment is for 28 days.

When the identified individual needs inpatient treatment, Social Actions must reinitiate efforts to contact family members (including getting written permission from the program participant) and that request they participate in the family portion of ARC treatment.

Follow-on support is mandatory for all personnel in the rehabilitation program. Follow-on support must not be less than 60 days nor more than 1 year. Diagnosed alcoholics and those who complete ARC programs will normally remain in follow-on support for one year. Regular contact with ARC returnees should be the rule rather than the exception, especially during the first 90 days following their return. After that critical period, program services should gradually decrease to once a month contact.

## FORMAL TRAINING

DAAC counselors typically attend the Drug and Alcohol Abuse Control course (POI L3ALR73430B) at Lackland AFB, Texas. This is a nine week group lock-step course in basic DAAC training in "... duties and responsibilities, interviews, briefings, lectures, guided discussions, staff assistance visits, pharmacology, Drug Testing Program, education program, rehabilitation, Personnel Data System (PDS), case files, referrals, reports, personal growth and professional development, cross-cultural awareness, and counseling techniques." Written measurements and performance tests are used to evaluate the progress of each student.

An advanced DAAC course (POI L30ZR7364B-003) is currently being shortened from 3 to 2 weeks. This group course covers training in "... use of intervention skills in group and family counseling, case file management, resource management, and staff assistance visit procedures." Evaluation includes written measures and progress checks.

Another group/lock-step course (POI L30ZR737-00) provides 2.5 weeks of special training for officers and selected senior NCOs performing the duties prescribed for Social Actions officers, staff, AFSCs 7364 and 7376. Training includes local program briefings, introduction to management, Equal Opportunity and Treatment (EOT), responsibility, D/A responsibility, Human

Relations Education (HRE), resource management, administrative management, personnel management, team building, support system development, program evaluation, and contemporary problems. To pass the written test, students must obtain a minimum of 75 percent per criterion objective. The POC for these courses is Dr. Clara Garber of the Social Actions Training Branch, Autovon 473-3808.

Mental Health Clinic Specialists usually attend the 15 week Behavioral Science Specialist course administered by the U.S. Army Academy of Health Sciences at Ft. Sam Houston, Texas. This group lock-step course combines didactic and performance instruction in interviewing and counseling skills, normal and abnormal psychological development and behavior, techniques of psychological assessment and treatment, and the application of these skills in a variety of settings. There are course crucial requirements in both academic and skills demonstration areas. The POC is the AF instructor, Behavioral Science Division, Autovon 471-4145.

Mental Health Ward Specialists attend a 7 week technical course at the School of Health Care Sciences at Sheppard AFB, Texas. The POC for this course is the Chief, Department of Nursing, Autovon 736-2954.

#### **DRUG AND ALCOHOL ABUSE EDUCATION**

An important duty of the SL specialist in prevention of DAA involves education. Lesson plans targeted at various audiences are developed by the Social Actions Evaluation and Applications Division of the AF Manpower and Personnel Center (AFMPC). POC is the Division Chief, Autovon 487-6184. Base SL Specialists "personalize" these lessons, making them locally relevant. Lessons are tailored to personnel groups defined by similar status such as supervisors, nonsupervisors, or NCO prep. The curriculum progression of drug and alcohol (D/A) education for enlisted and officer personnel is depicted in figures B-1 and B-2. In accession training, D/A education is usually delivered by the military training instructors instead of the SL specialists.

A list of SL education lesson plans and audiences is in table B-1. Most presentations are 2 hour group, informal lectures. These can be classified into three types based on the job duties of the audience. These are: (1) basic airmen and nonsupervisors, (2) supervisors (including NCOs and officers), and (3) key personnel (CO, 1st Sgt). Objectives for each type are listed in tables B-2 through B-5. Behavioral objectives which are somewhat different are shown for both officers and NCOs (tables B-3 and B-4).

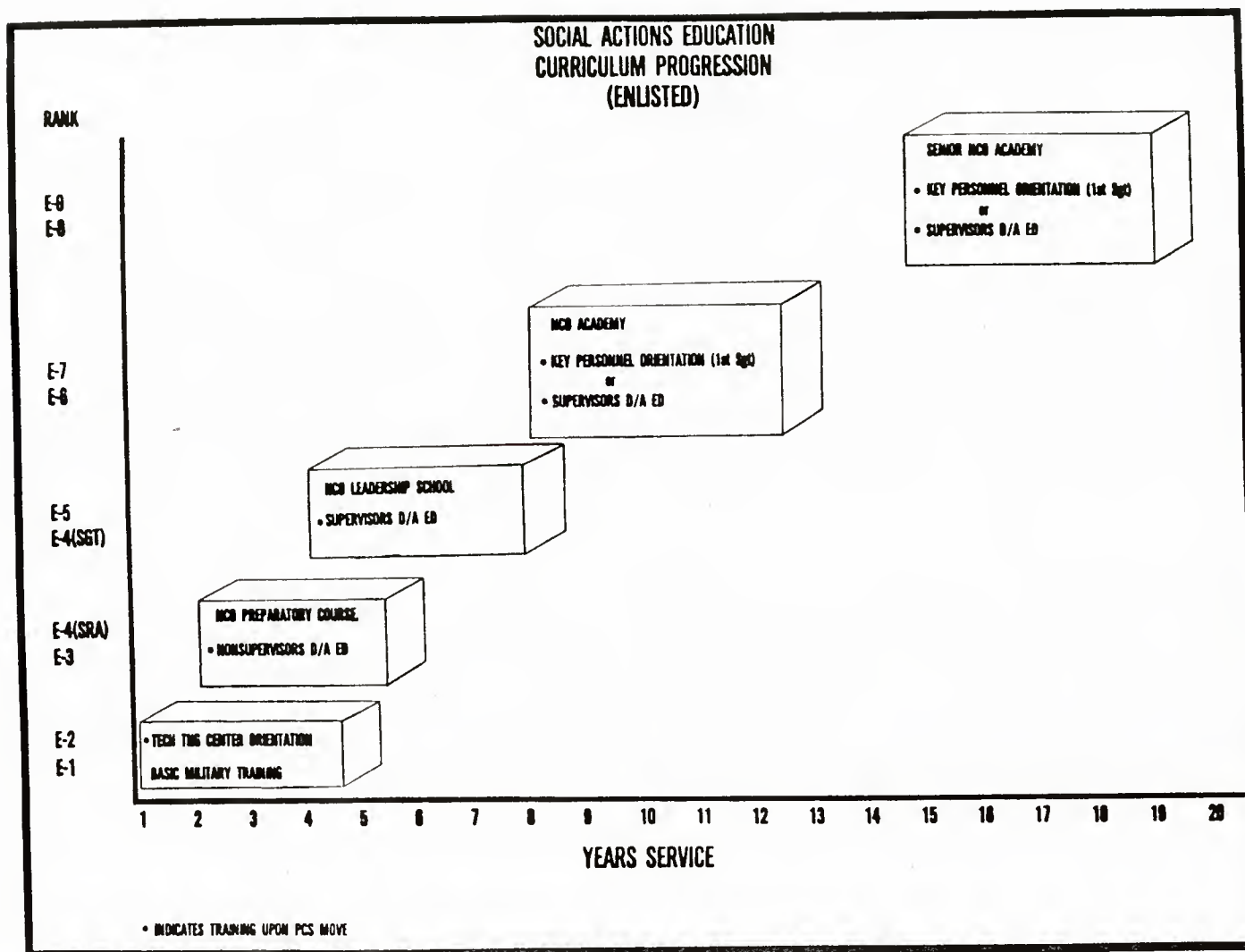


Figure B-1. Enlisted curriculum progression.

# SOCIAL ACTIONS EDUCATION CURRICULUM PROGRESSION (OFFICER)

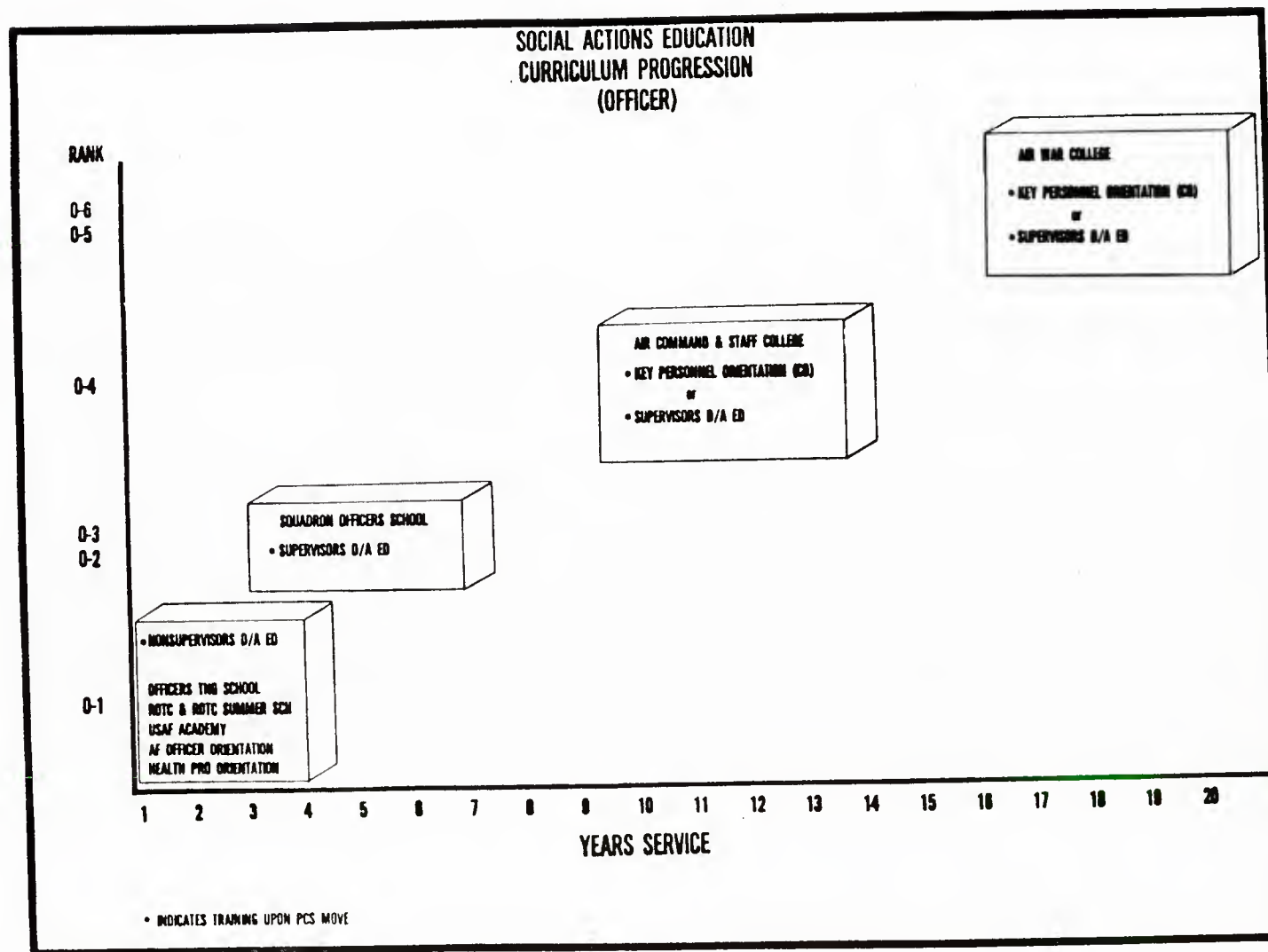


Figure B-2. Officer curriculum progression.

Table B-1

Air Force Drug and Alcohol Education Lesson Plans

Audience	Lesson Plan	
	Date	ID Number
Basic Airman	Jan 84	LMABM/MWBA 99000
NCO Prep	Nov 83	NPME 414B0
ROTC/OTS	May 83	LHB-8 (OTS)
Health Professions Officers	May 83	HPOIC
Key Personnel	Nov 83	SS303A/G0
Nonsupervisors	-	-
Supervisors	Nov 83	BL202B0

Table B-2

Air Force Airman/Nonsupervisor D/A Education

<p>The objective of this lesson is for each student to comprehend that individual responsibility and commitment to drug and alcohol abuse control significantly contributes to mission accomplishment.</p> <ol style="list-style-type: none"> <li>1. Air Force policy on drug/alcohol abuse.</li> <li>2. Unique local laws regarding the use of drug/alcohol abuse on and off base.</li> <li>3. Responsible versus irresponsible use of alcohol.</li> <li>4. Drug/alcohol abuse identification methods.</li> <li>5. Drug/alcohol abuse evaluation/rehabilitation process.</li> <li>6. Effective alternatives to drug/alcohol abuse.</li> </ol>
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Table B-3

Air Force NCO/Supervisor Initial D/A Education

LESSON OBJECTIVE: The objective of this lesson is for each student to comprehend that new supervisors'/noncommissioned officers' responsibilities in the Air Force Drug/Alcohol Abuse Control Program have significant impact on the Air Force mission.

SAMPLES OF BEHAVIOR:

- a. State the Air Force policy on alcohol abuse.
- b. State the Air Force policy on drug abuse.
- c. Explain the Air Force policy on the private drinking habits of its members.
- d. State the methods the Air Force uses to deter and detect drug and alcohol abuse.
- e. Give examples/nonexamples of drugged/drunk driving.
- f. Compare drug abuse and alcohol abuse as they relate to their effects on driving.
- g. Summarize the concept of responsible drinking.
- h. Give examples of supervisory skills that aid in motivating subordinates to counter drug/alcohol abuse.
- i. Defend the importance of supervisor skills in motivating subordinates to counter drug/alcohol abuse.
- j. Explain how drug/alcohol abusers' understanding of consequences of their behavior enhances their performance.
- k. Give examples of how recognition of a drug/alcohol abuser's behavior can enhance performance.
- l. Give examples of situations in which a supervisor should refer a subordinate.
- m. Give examples of indications that a subordinate may be having a drug/alcohol problem.

Table B-3 (Continued)

- n. Explain why it is important for a supervisor to maintain contact with the Social Actions office.
- o. Explain how a whole-person approach to supervision aids in a successful rehabilitation process.
- p. Explain how supervisors' observations of subordinates contributes to a successful rehabilitation process.

Table B-4

Air Force Officer Initial D/A Education

MAIN POINTS/SAMPLES OF BEHAVIOR

1. Comprehend the Air Force policies concerning personnel involved in improper use of illegal or dangerous drugs.
  - a. Explain the Air Force policy concerning drug abuse.
  - b. Explain who is responsible for the Drug Education Program.
  - c. Identify those drug abuse actions which make persons ineligible for enlistment or commissioning in the Air Force.
  - d. Summarize selected provisions of AFR 30-2 for retainment of drug abusers.
  - e. Explain four means to identify drug abusers.
2. Comprehend the problems associated with the use of alcohol in the Air Force.
  - a. Summarize the Air Force policy concerning alcohol abuse and alcoholism among Air Force personnel.
  - b. Explain the supervisor's role in identifying problem drinkers.
  - c. Explain the steps in identifying the problem drinkers.
  - d. Explain techniques supervisors should use to confront personnel suspected of alcohol abuse.
  - e. Give examples of possible indicators of alcohol abuse.
  - f. Summarize the major areas that should be documented when an alcohol problem is suspected.
  - g. Explain reasons to refer a suspected problem drinker to a helping agency.
  - h. Explain the officer's responsibilities to alcohol abusers regarding alcohol abuse and rehabilitation.

Table B-4 (Continued)

3. Comprehend the legal aspects of drug/alcohol abuse.
  - a. Explain the position taken by the Uniform Code of Military Justice (UCMJ).
  - b. Give examples of maximum penalties for drug abuse in violations of the UCMJ.
  - c. Explain the typical actions taken in drug abuse cases.
  - d. Give examples of specific alcohol related crimes in the UCMJ.
  - e. Explain the typical actions taken in alcohol abuse cases.
  - f. Explain the administrative actions available to commanders to use in drug abuse cases.
  - g. Explain that US and foreign policies and attitudes towards drug abusers differ.

Table B-5

Air Force Key Personnel Orientation

This presentation is normally presented by the Chief of Social Actions with the assistance of the senior SL staff. The purposes of the orientation are to inform key personnel (commander/1st Sgt/Senior Enlisted Advisor, and other senior key personnel) of the local Human Relations and Drug/Alcohol assessments, familiarize them with the Installation's social actions programs, and establish support for future working relationships.

It should be tailored to the specific needs of the individual and the organization within the context of the mission. The meeting should normally take place in the individual's office. Key personnel who have received this orientation should be capable of demonstrating the following samples of behavior:

- a. State the scope and limitation of the Social Actions Program.
- b. Give examples of services provided by Social Actions.
- c. Explain their responsibilities as key personnel in regards to the Social Actions Program.
- d. Give an overview of the base Social Actions policies.
- e. Defend the AF drug/alcohol abuse policies.
- f. Defend current AF Equal Opportunity and Treatment (EOT) policy.
- g. Describe the drug/alcohol rehabilitation process.
- h. Give examples of factors affecting the on/off-base drug/alcohol climate.
- i. Explain EOT complaint processing procedures.
- j. Give examples of factors affecting the on/off-base human relations climate.

## **PROGRAMS OF INSTRUCTION (POI)**

All AF training for specialties is guided by Specialty Training Standards (STS). Each STS:

1. States tasks, knowledges, and technical references necessary to perform duties;
2. Indicates minimum proficiency recommended for each task or knowledge for 3-skill level (E-5) qualification; and
3. Is a job proficiency guide for on-the-job-training (OJT).

### **Social Actions STS**

Table B-6 lists the STS paragraphs for 734X0B and key AF regulations. Outlines of the POI for the basic and advanced DAAC are in appendix C.



Table B-6

Specialty Training Standard Paragraphs for 734X0B

No.	Paragraph Heading	AF Regulation
1.	Social Actions Career Field Structure and Progression	39-1, 36-1
2.	Security	205-1
3.	AF Occupational Safety and Health Program	127-12
4.	Supervision	39-6
5.	Training	50-23
6.	Participate in USAF Graduate Evaluation Program	50-38
7.	Advise Personnel on SA Responsibilities, Policies, and Programs	30-2, 40-792
8.	Personal Growth and Development (Personality and Self-Concept Theory)	-
9.	Cross-Cultural Awareness	-
10.	Perform Administrative Functions in Support of SA Programs	30-2
11.	Communication Skills (Empathy, Interview, Briefing, Education)	30-2
12.	Geographically Separated Units SA Program	30-2
13.	Conduct SA Staff Assistance Visit	30-2
14.	Referral/Support Resources	30-2
15.	DAAC Education Program	30-2, 40-792
16.	Participate in DAAC Committee	30-2
17.	DAA Rehabilitation Program	30-2
18.	DAA Counseling	30-2
19.	Drug/Alcohol Case Files	12-30,35,50

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Table B-6 (Continued)

No.	Paragraph Heading	AFR
20.	Personnel Data System	AFM 30-130
21.	Prepare HAF-MPX(Q) 7111 Report (Program Summary)	30-2
22-29.	Applicable Only to 734X0A	-
30.	Drug Abuse Testing Program	160-23

### SECTION III

#### ARMY SUBSTANCE ABUSE PROGRAMS

The Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) is the Army's program to combat alcohol and drug abuse that includes prevention, identification, education, and rehabilitation services (HQ Department of Army (DA), 1981). The program includes outpatient and inpatient residential treatment. The ADAPCP is responsible to the chain of command and supports the morale, safety, and combat readiness of the Army.

The installation ADAPCP staff includes an Alcohol and Drug Control Officer (ADCO), an Educational Coordinator (EDCO), a Clinical Director, a Civilian Program Coordinator (CDC) and one or more counselors.

The ADAPCP staff (except for the ADCO) are usually Army Medical Department (AMEDD) or DA civil service personnel. The Behavioral Science Specialist, MOS 91G, is the enlisted cornerstone of the mental health team. The primary duties of a 91G involve psychological assessment, clinical interviewing, combat psychiatry, assisting in treatment, and referral. A list of duty position titles held by 91Gs are shown in table B-7. The majority of these positions are directly involved with the ADAPCP. There are about 900 91Gs on active duty with the Army. Another enlisted MOS connected to the ADAPCP is 91F, Psychiatric Specialist. The 91F is primarily involved with hospitalized patients and a number are assigned to Alcohol Rehabilitation Centers and Facilities. The 91F duties deal with inpatient psychiatric nursing care including interviewing, assessment, intervention, and documentation. There are about 300 91Fs on active duty.

Army A/D policy is formulated by HQ DA Office of the Deputy Chief of Staff for Personnel (ODCSPER), Director of Human Resources Development (DAPE-HRA). POC is the Chief, Alcohol and Drug Policy Branch, Autovon 227-2276. Technical expertise and training development assistance is available to the ODCSPER through the U.S. Army Drug and Alcohol Technical Activity (USADATA). POC is the Director, Autovon 289-2004. Policy and responsibilities regarding the ADAPCP are in Army Regulation (AR) Number 600-85. The DA Surgeon General (TSG) is responsible for providing medical services and clinical support to the ADAPCP. This includes medical evaluation, diagnostic assessment, detoxification, and treatment. Also TSG provides clinical personnel and supervises rehabilitation and counseling staff in technical areas. The major commands (MACOM) provide resources, assess and assist installation ADAPCPs throughout their commands, and maintain information on program effectiveness. At the installation level, the ADAPCP is usually under the command of the Deputy Commander for Personnel and Community Affairs (DPCA).

A major ADCO task is to gain support for the program. Good relationships need to be established with key personnel on post. The Alcohol and Drug Intervention Council (ADIC) is an ideal forum for communication between the program and the leadership structure.

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Table B-7

List of Duty Positions Titles for 91G

ADA PCP NCO  
Administration NCO  
Alcohol/Drug Team Member  
Alcohol/Drug Team NCOIC  
Alcohol/Drug Abuse Counselor  
Alcohol/Drug Social Counselor  
Behavioral Science NCO  
Behavioral Science NCOIC  
Behavioral Science Specialist  
Counselor  
Education Coordinator/Specialist  
Instructor  
NCOIC Alcohol/Drug Program  
Prison Counseling NCO  
Senior Counselor  
Senior Social Worker  
Social Work Assistant  
Social Worker/Psychology Specialist  
Social Work Specialist  
SR Alcohol/Drug Counselor

The purposes of the ADIC are to advise the CO on matters relating to the prevention and control of substance abuse and to act as a two-way communications link between the ADAPCP and other activities on the post. In addition, the ADIC has the unstated purpose of gaining support for the program. Obviously, the more influential the chairman the more effective the ADIC will be. The ADCO should get as high ranking an individual as possible to chair the ADIC (e.g., the Assistant Division Commander--Support, Deputy Installation Commander, or Chief of Staff.)

As a minimum, the following key personnel should be members:

1. Director of Personnel & Community Activities/Assistant Chief of Staff, Personnel
2. Staff Chaplain
3. Provost Marshal
4. MEDCEN/MEDDAC Commander
5. Staff Judge Advocate
6. Public Affairs Officer
7. Major unit commanders
8. Moral Support Officer
9. Post Education Officer
10. ADCO
11. Army Community Services officer
12. Dependent Schools Officer
13. Civilian Personnel Officer
14. CPC

#### **ALCOHOL POLICIES**

Alcohol is considered the number one substance abuse problem in the Army. Army policy is to prevent alcohol abuse and alcoholism among its military members, civilian personnel, and family members; to restore to full effective duty persons with problems attributable to alcohol abuse; and to separate those who do not respond to treatment or do not demonstrate a potential for continued service.

Abuse of alcohol will not be condoned or accepted as part of any military tradition, ceremony, or event; in addition, commanders and supervisors will ensure the use of alcohol does not become the focus of any

officially sponsored social function. Military personnel on duty will not have a blood alcohol content (BAC) of 0.05% or above. Any violation of this provision calls for disciplinary action under the UCMJ and for administrative action, to include the characterization of discharge.

## **DRUG ABUSE POLICIES**

The Army will not tolerate the use of any illegal drug or the abuse of prescription drugs or substances. Service members identified as drug abusers who do not demonstrate a potential for continued service will be separated. Those demonstrating potential for future service will be given the opportunity for rehabilitation by enrolling in the local ADAPCP.

Civilian employees whose performance or conduct indicates that they are drug abusers are subject to personnel, disciplinary or adverse actions (i.e., loss of clearance, special status, reassignment, or removal). Some of these actions may be taken concurrently with referral to the ADAPCP.

Service members involved with the distribution, trafficking, sale or use of illegal drugs will be considered for disciplinary actions under the UCMJ and processed for separation for misconduct. Civilian personnel suspected of distribution, possession, trafficking, selling or using illegal drugs will be reported to appropriate authorities.

Officers/warrant officers and senior enlisted soldiers (E5/E6) who are identified as drug abusers (other than alcohol) will be separated.

Enlisted personnel (E1/E4) who have been identified as drug abusers (other than alcohol), but have been retained based upon potential for future service, and are identified with a subsequent (second) incident of illegal drug abuse will be separated.

Soldiers diagnosed as physically drug dependent (other than alcohol) will not generally possess the potential for future service and will be separated. These individuals will be detoxified, given medical treatment as required, and afforded the opportunity for rehabilitative treatment through the Veterans Administration or a civilian program.

## **PREVENTION CONCEPT**

Commanders and the chain of command (officers, non-commissioned officers, and supervisors) will promote and encourage alternatives to alcohol and drug abuse through off-duty recreational, educational, cultural and spiritual pursuits.

The identification objective is to discover alcohol and other drug abuse as early as possible and to:

1. Refer identified service members to ADAPCP for screening.
2. Enroll service members who demonstrate potential for retention and who in the opinion of the rehabilitation team require treatment.



3. Provide the commanders with the means to determine illegal drug abuse and initiate appropriate actions.

There are five primary methods of identification:

1. Voluntary identification.
2. Command identification.
3. Medical identification.
4. Investigation/apprehension.
5. Biochemical identification.

A service member's chain of command does not need expert knowledge about drug and alcohol abuse in order to intervene positively when a service member's work is affected. It is essential, however, to remain alert to changes in work patterns and behavior and to be able to document signs of failing performance. Immediate supervisors are in a better position to identify potential problems due to their frequent contact with soldiers. Recognizable signs of abuse include performance deterioration, AWOL, tardiness, and frequent sick-calls.

It is impossible to note all the behavioral symptoms that may occur in the process of deterioration or to define precisely their sequence and severity. But diagnosis is not the role of the supervisor. When such changes impact on the individual's duty performance, the chain of command should be prepared to detect changes. To ignore the situation or to cover up can only increase the cost in money and lives.

Supervisors are required to evaluate and refer subordinates demonstrating indications of A/D abuse. Such service members will be counseled on their deteriorating or unacceptable duty performance, not on suspicion of drug and alcohol abuse. Points for supervisors to remember during the counseling process are:

1. Keep focus on job performance.
2. Stick to documented facts.
3. Have previous documentation on hand.
4. Avoid threats.

5. Keep in mind that there are or may be other problems causing duty performance deterioration
6. Don't lose your nerve

Responsibility of a leader to detect alcohol and drug abusers does not stop at the enlisted subordinate level but includes peers and family members. Supervisors should seek advice from the ADCO or Chaplain on methods of approaching this individual and advise someone in the individual's chain of command of suspicions.

Identification of a soldier through biochemical testing, law enforcement apprehension, or medical methods will result in a commander's determination of A/D abuse based upon the evidence provided. If a soldier is identified through biochemical testing, that soldier must be referred and screened through the ADAPCP. Commanders will make a determination of A/D abuse based upon the evidence provided regardless of the method of identification.

#### **REFERRAL AND SCREENING**

When individuals are identified as possible alcohol or other drug abusers their unit commander or designated representative will:

1. Advise them of their rights under UCMJ Article 31.
2. Explain the provisions of the limited use policy. Interview them and inform them of the evidence.
3. Give the opportunity to provide additional evidence, including information on drug sources, if they desire. However, such disclosures are voluntary and will not be made a requirement for treatment or rehabilitation.
4. Collect any illegal drugs or drug paraphernalia that the service member voluntarily relinquishes and turn it over to the local Provost Marshal.
5. Expeditiously refer the individual to the ADAPCP for a formal initial screening interview.

Appropriate ADAPCP personnel will expeditiously screen an individual referred. During initial screening, ADAPCP counselor will determine if the individual is an abuser. If abuse is noted, the counselor will evaluate the level of abuse and assess the need for medical evaluation. Additionally, the counselor will inform the individual of the ADAPCP program, limited use policy, role of the commander and unit in the program, and rehabilitation process.

## REHABILITATION TEAM

The Rehabilitation Team will convene after ADAPCP initial screening is completed. The team will, at a minimum, be composed of the soldier, his commander or the commander designee, and the ADAPCP counselor. Following the initial screening process (to include medical evaluation, if completed) the commander, in consultation with other rehabilitation team members, will determine the appropriate disposition of the individual, to include one or more of the following:

1. Enrollment in the ADAPCP - The ADAPCP counselor will advise the commander as to which track the soldier needs.

Track I - Education/Prevention. A two-day (12 hour) awareness education is given at this time. A soldier in this track is not considered to be enrolled in the ADAPCP. No further sessions are required.

Track II - Rehabilitation (outpatient). Intensive individual or group counseling, as required. Enrollment will not exceed 360 days.

Track III - Rehabilitation (inpatient). Residential medical treatment and outpatient follow-up. Enrollment in this track is limited to those clients who have been evaluated by a physician as requiring residential treatment. Generally, residential care (6 weeks) will be reserved for those individuals with problems of dependency/severe abuse and for whom prognosis for recovery is favorable with proper treatment. Enrollment in this track is for a total of 360 days.

Individuals who are referred for detoxification to a medical treatment facility will be administered in accordance with AR 40-3.

Rehabilitation is completed when the commander, in consultation with the rehabilitation team, determines that further rehabilitation is not required or practical.

2. Disciplinary action or separation

**Dependent Soldiers.** Soldiers diagnosed as being physiologically drug dependent by a physician will be detoxified and processed for separation. These individuals will be offered referral to Veteran's Administration.

**Non-Potential Soldiers.** Soldiers who are enrolled in a rehabilitation program (who in the opinion of their commanders do not possess potential based upon not meeting rehabilitative standards) will be processed for separation.

## FORMAL TRAINING

Behavioral Science Specialists (91G) attend the 15 week course at the Academy of Health Sciences (AHS) (see Section II (AF) for a description of this course). In addition, several two week advanced courses are available to those assigned as ADAPCP counselors. These include:

(a) U.S. Army Drug/Alcohol Rehabilitation Training (USADART) Individual course, individual counseling skills and techniques,

(b) USADART Group course, group counseling skills and techniques

(c) U.S. Army Alcohol and Drug Abuse Family Counseling, theory and application of skills and techniques of family counseling.

These courses (including the 15 week basic course) are college accredited by a national committee. POC for these courses is Major Hamlin, Autovon 471-5290. Learning objectives and subjects covered in the advanced courses are in appendix D.

Psychiatric Specialists (91F) attend the 12 week course on basic psychiatric nursing knowledge and skills, including communication, supportive and protective interventions in care and treatment of hospitalized patients. The last 6 weeks is an intensive, closely supervised clinical practice. POC is Navy instructor, Autovon 471-7014.

Two alcohol and drug abuse management courses (2 weeks duration each) are taught at AHS. The U.S. Army Alcohol and Drug Abuse Team Training (USAADATT) course is designed for ADCOs, ADIC members and AMEDD, Chaplain, DPCA, Judge Advocate, and MP Officers who support the ADAPCP. This course provides a working knowledge of the Army program. It covers mission, current techniques and approaches to drug abuse prevention, and education. Command and staff support and assistance are stressed. The U.S. Army ADAPCP Management Course is designed for ADCO, EDCO and CPC personnel. Combined or separate tracks cover program planning, funding execution and evaluation, personnel and resource management and coordination responsibilities. See appendix D for subjects covered in these two courses.

Two correspondence courses of three credit hours each are also offered by AHS to those in leadership positions. These are Leadership Aspects of Contemporary Issues (Drug Abuse) and Drug Abuse, Advanced.

#### **ADAPCP EDUCATION**

The installation EDCO is responsible for integrating local Army community preventive alcohol and drug education resources. The EDCO provides Track I (awareness education) services, identifies preventive education, target audiences, manages (or delivers) education and evaluates education programs. Lesson plans (1-2 hours) designed for various target groups are prepared by the Community Activities School (ATSG-CA), Ft. Benjamin Harrison, IN (POC is Major Barko, Autovon 699-4775) with technical input from USADATA. Four of these are listed in table B-8. Also, AHS has 2 hour ADAPCP lesson plans for leaders/supervisors. The EDCO usually supplements such standardized materials with locally prepared presentations. An example of a catalog of local presentations assembled by the Ft. Sam Houston EDCO (Autovon 471-4417) is shown in table B-9.

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Table B-8  
Army D/A Education Lesson Plans

Audiences	Date	Title
Enlistees changing stations	Jun 84	ADAPCP (replacement center)
NCO	-	ADAPCP (ANCOC)
Officer	Aug 84	Contemporary leadership challenges
Overseas unit (enlisted)	Feb 84	ADAPCP (OSUT)



Table B-9

Alcohol and Drug Abuse Prevention and Control  
Program Education Presentations at Ft. Sam Houston

A. General Interest

1. I CAN'T BE AN ALCOHOLIC BECAUSE...  
An examination of the myths associated with alcoholism. 1 hour.
2. ALCOHOLISM: WHAT IT IS AND ISN'T  
A definition of alcoholism and how it differs from "normal" drinking, heavy drinking. 1 hour.
3. MARIJUANA UPDATE  
A survey of research and clinical findings concerning marijuana use and health. Film included. 1 hour.
4. ALCOHOL: SOME QUESTIONS AND ANSWERS  
Answers several questions concerning the effects of alcohol on the body and the reasons why people drink. Focus is on non-problem use of alcohol. 1 to 1-1/2 hours.
5. DWI IN TEXAS: THE NEW LAW, 1984  
An examination of consequences (legally, financially, career-wise) not only conviction, but also for simple arrest. Film. Two presentations available, one for adults, one for adolescents. 1 hour.
6. BEGINNING THE SECOND DECADE  
ADAPCP program briefing. Philosophy, history, regulation update, and procedures from referral to completion. Breathalyzer demonstration available. 1 hour.
7. TRACK I  
Army philosophy on substance abuse, health consequences of marijuana use, warning signs of alcoholism, and review of DWI laws. Two films included. 4 hours.
8. JUDGMENT AND PEER PRESSURE  
Presentation for elementary through high school students regarding decision making techniques. Physical effects of alcohol/marijuana use. 1 hour.
9. SIGNS OF POTENTIAL RELAPSE  
Designed for recovering alcoholics and family members. Examination of behavioral signs suggestive of impending relapse and intervention techniques. 1 hour.



Table B-9 (Continued)

10. MYTHS ABOUT DRINKING AND DRIVING  
Examination of 10 misconceptions about drinking and driving. Film is included. 1 hour.
  11. THE LADY IS A KILLER: COCAINE  
Review of effects, tolerance, and dependence. 1-1/2 hour.
  12. DWI: NOT AN INCIDENT - A CRIME  
Six 1 hour sessions presented bimonthly for persons arrested for DWI offenses. Review of the law, impairment associated with substance abuse, myths about drinking and driving, symptoms, course and treatment of alcoholism.
- B. Command/Supervisors:
1. HIGH PRICED HALF MAN  
Executive level alcoholism, intervention procedures in a military setting. 1 hour.
  2. HOW AN ALCOHOLIC EMPLOYEE BEHAVES  
On the job indicators of problem drinking. 1/2 hour.
  3. SUPERVISORY TRAINING SEMINAR  
Step by step methods for coping with the impaired employee. Identification, documentation, intervention, referral, and follow-up procedures are examined in detail. Film included. 2 hours.
- C. Parents
1. TOYS OF THE EIGHTIES  
A hundred item paraphernalia demonstration designed for adults only, to increase parental awareness of items available to minors in San Antonio. Also available for command. 1 hour.
  2. PARENT AWARENESS SEMINAR  
A seminar designed to give specific methods for preventing drug abuse among teens and pre-teens. The Clinical Psychologist and Clinical Director, ADAPCP, examines decision making, discipline, and parenting techniques. 1-3 hours.
- D. Other subject matter will be addressed upon request (e.g., child abuse and alcohol use, etc.).

## SECTION IV

### INSTRUCTIONAL DEVELOPMENT AND REVISION

Both the Air Force and Army usually use the Instructional System Development (ISD) process in developing and revising instruction for jobs. The primary data for ISD comes from occupational surveys involving task analysis, selection, and job inventory/questionnaire administration. Highly experienced incumbents (subject matter experts (SMEs)) assist in task selection and rate tasks on difficulty and degree of training required. Job inventories are given to large samples of incumbents who rate tasks on aspects such as time spent performing and provide information on job satisfaction, training utilization, etc. Analyses of these data are used in specifying training standards and objectives.

The Air Force holds utilization and training workshops which use job analysis data in developing Specialty Training Standards (STS). The STS is the primary training outline for the career ladder and identifies needed training for the first job (see Section II).

The Social Actions field was recently surveyed (USAF Occupational Measurement Center (OMC), 1984) and the STS and POI for the 73430B course were subsequently revised. A list of 511 validated tasks was inventoried, 77 of which were rated high in training emphasis (scale of 1:9 from "no training required" to "extremely high training emphasis"). Prior to revision, 52 of the 77 tasks were matched to the POI. Most of the unmatched tasks were addressed in the revised POI, including 10 which dealt with review of forms. Tasks high in percent performing and training emphasis ratings for each are shown in table B-10. Nearly all of the tasks performed by most counselors were rated above average in training emphasis. Training difficulty data collected were not reported due to lack of agreement among raters. The inventory also asked about how well formal training was utilized. About 83 percent of the counselors responded "fairly well" or better.

Occupational surveys have been conducted for the Mental Health Clinic/Ward specialties (OMC, 1978). Another survey has been completed but the report is not yet available. Percent of time spent on major duties is shown in table B-11. Tasks related to DAAC which are performed by a majority of incumbents are listed separately for Clinic and Ward Specialists in tables B-12 and B-13. Also, tasks in these tables high in rated difficulty are indicated by asterisks. Tasks rated most difficult to perform involved therapy or evaluation. When data were averaged across tasks, the clinic job was quite difficult (14.3 compared to a standardized average of 13). The job difficulty of the Ward Specialists was moderate (12.9). Training emphasis was not surveyed. However, "utilization of training" was rated high; 83 and 84 percent of the Clinic and Ward Specialists, respectively, responded "fairly well" or better. Since these data were collected prior to initiation of institutional training at the Army Academy of Health Sciences, the utilization data for the Clinic Specialists lacks currency.

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Table B-10

Social Actions DAAC Counselor Tasks Performed by Most Incumbents  
(70 Percent or More) with Training Emphasis Ratings

Code		Percent Performing	Training Emphasis
K434	Advise CO/supervisors on progress or problems of rehabilities	92	7.1
K437	Brief rehabilities on ARC programs	86	6.6
K438	Brief CO/Supervisors on D/A rehabilitation procedures	86	6.9
K439	Conduct social evaluation interviews for alcohol abusers	95	7.9
K440	Conduct social evaluation interviews for drug abusers	92	7.6
K442	Consult with hospitals on D/A Abuse Cases	84	6.1
K443	Coordinate RC meetings with members	82	6.7
K444	Coordinate with hospitals on entry of personnel into ARCs	75	6.4
K452	Counsel alcohol rehabilities in individual sessions	91	6.7
K453	Counsel alcohol rehabilities in group sessions	92	6.9
K454	Counsel drug rehabilities in group sessions	88	7.0
K455	Counsel drug rehabilities in individual sessions	80	6.7
K457	Write ARC patient case history summaries	70	6.9
K458	Write D/A abuse treatment summaries	71	7.1
K460	Make referrals to local civilian agencies	83	5.7
K461	Make referrals to on-base agencies	83	5.4

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Table B-10 (Continued)

K465	Participate in staff reviews of case files	72	6.2
K471	Review ARC treatment summaries	71	5.5
D214	Brief CO/supervisors on D/A programs or policies	83	7.2
D216	Brief separating rehabilities on VA programs	75	6.1
D227	Conduct nonsupervisory personnel D/A abuse education	87	6.9
D230	Conduct substance awareness education	86	6.6
D247	Develop lesson plans	75	6.4
D277	Preview films	71	3.9
E310	Review security police blotters	82	5.7
L473- L486	Annotate/complete D/A forms (12 tasks)	89	6.2
L490	Establish individual D/A case files	91	6.5
L491	File forms in individual D/A case files	93	6.2
L494	Perform QC reviews on D/A case files	72	6.5
L497- L509	Review D/A forms (12 tasks)	86	5.9
A025	Attend SA meetings, conferences	88	4.9

Table B-11

Mental Health Clinic/Ward Duties by Time Spent (Percent)

	Percent Time Spent	
	Clinic	Ward
Supervisory, Training, and Administrative	30	26
General Mental Health Facilities Functions	5	10
Therapy or Therapy-Related Procedures	12	18
Nursing Procedures	2	14
General Ward Services	1	10
Specialized Mental Health Ward Services	2	18
Specialized Mental Health Clinic Procedures	18	2
Psychological Testing	22	1
Psychiatric Social Work Functions	8	1
Total	100	100

Table B-12

Mental Health Clinic Tasks Performed by a Majority of Incumbents

Code		Percent Performing
E14	Maintain mental health clinic records	82
H15	Take intake histories on patients	70*
I05	Participate in crisis intervention therapy	51*
I10	Establish patient rapport	68
I14	Observation and recording on patient's behavior	56
I15	Observation and recording on patient's conversation	52
I20	Prepare initial psychiatric intake notes	57
K26	Perform outpatient supportive individual therapy independently	57*
K28	Prepare preliminary psychological/evaluation reports for professionals	60*
K29	Prepare preliminary test result reports for professionals	58
K31	Receive patients with treatment appointments	70
K32	Record significant behavior of patients during treatment	59
L01	Administer Bender Gestalt tests	54
L13	Administer MMPI	86
K39	Perform diagnostic impressions of MMPI	56*
L67	Score MMPI	80
M01	Contact COs, hospitals, and agencies for patient information	61
M14	Screen military or other records for patient information	55

\*Tasks high in rated difficulty.



Table B-13

Mental Health Ward Tasks Performed by a Majority  
of Incumbents

Code	Percent Performing	
H14	Prepare admission nursing notes	79
H15	Take intake histories on patients	70*
I05	Participate in crisis intervention therapy	54*
I10	Establish patient rapport	88
I14	Observation and recording on patient's behavior	90
I15	Observation and recording on patient's conversation	87
I17	Participate in case discussion meetings	72
I23	Write progress notes on patients	73
J02	Conduct group therapy for ward patients	73*
J03	Conduct individual therapy for ward patients	92*
J07	Develop care/therapy plans for ward patients with alcoholism symptoms	56*
J10	Develop care/therapy plans for ward patients with drug addiction symptoms	49*
J13	Participate in group therapy for ward patients	87*
J19	Participate in developing nursing care/therapy plans for ward patients with alcoholism symptoms	70

\*Tasks high in rated difficulty.

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The U.S. Army recently began an occupational survey on the Behavioral Science Specialist (91G). Data are being collected on 491 tasks. The numbers of tasks by major duty are listed in table B-14. Tasks related to alcohol/drug abuse prevention and control are shown in table B-15. Incumbent ratings will not be available until February 1986.

Feedback on 91G training is available from student assessment questionnaires (U.S. Army AHS, 1984) administered by the Directorate of Evaluation and Standardization. Adequacy of training was queried by items dealing with coverage and communication of course objectives and preparation to perform jobs. A five-point scale from strongly disagree to strongly agree was used to rate adequacy. Students in the 91G basic course averaged about 4 "agree" in ratings across items.

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Table B-14

Army Behavioral Science Specialist Duties

Code	Title	# Tasks
A	Counseling and Referral	63
B	Test Administration	29
C	Data Collection	21
D	Behavioral Science Research	14
E	ADAPCP	19
F	Race Relations/Equal Opportunity	24
G	Community Health Program Support	17
H	Equipment Maintenance	8
I	Field Operations Support	13
J	Emergency Medical Care	40
K	Behavioral Science Instruction	40
L	Supervision	15
M	Management	34
N	Personnel Supervision/Management	23
O	Administrative Support	21
P	Preventive Medicine	18
Q	Safety/Fire Prevention	22
R	Medical Equipment/Supply Administration/Handling	26
S	General Military	44

Table B-15

Behavioral Science Tasks Related to Alcohol/Drug Programs

Number	Tasks
	<b><u>A - COUNSELING AND REFERRAL</u></b>
001	Evaluate urgency of the case
002	Evaluate type of service needed
003	Identify agency for referral
005	Refer client for counseling
006	Document referral procedure
007	Conduct follow-up action
008	Record counseling referral data in patient's records
009	Coordinate client referrals
010	Screen new patient referrals
011	Follow-up on patient referrals
014	Evaluate restoration potential of confined soldiers
022	Conduct initial/intake interviews
023	Conduct problem solving interviews
024	Assist professional staff in group counseling
027	Counsel patients with adjustment problems
033	Counsel patients with drug abuse/alcoholism problems
037	Advise unit/staff personnel on mental health programs
038	Assist in conducting patient consultations
039	Assist in conducting patient counseling sessions
040	Assist in conducting patient psychotherapy
041	Assist in conducting patient reality therapy

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Table B-15 (Continued)

Number	Tasks
042	Assist in conducting patient Gestalt therapy
043	Assist in conducting patient transactional analysis
044	Assist in conducting patient group therapy
045	Assist in conducting patient family therapy
047	Record patient clinical progress data
048	Assist in planning patient clinical treatment
049	Assist in implementing patient clinical treatment
050	Conduct crisis intervention
052	Promote family understanding of patient problems
053	Promote community understanding of patient problems
054	Confer with cadre personnel to cope with behavioral problems
055	Conduct liaison between patient/medical treatment facility
058	Confer with unit commander on patient consultation
059	Assist in military/civilian community consultation program
060	Assist staff officers in troop mental health program
063	Confer with professional staff in counseling matters
<b><u>B - TEST ADMINISTRATION</u></b>	
067	Administer/Score/Record Bender Gestalt test/test data
068	Administer/Score/Record MMPI test/test data
074	Administer/Score/Record Thematic Apperception (TAT) test/test data
075	Administer/Score/Record California Psychological Inventory (CPI) test/test data

Table B-15 (Continued)

Number	Tasks
076	Administer/Score/Record 16 Personality Factor (16 PF) test/test data
077	Administer/Score/Record Institute of Living scale test/test data
	<b><u>C - DATA COLLECTION</u></b>
093	Collect psychosocial background data
095	Obtain patient's/family's permission to request/release personal/medical data
096	Request medical/background data from civilian/family sources
097	Collect/assemble collateral information from records
098	Review background data with staff
100	Explain purpose of psychosocial interview to patient
101	Conduct information gathering interview
102	Perform mental status examination
103	Assess patient's social functioning
104	Assess patient psychopathology
107	Assess patient's potential for family violence
108	Assess patient's substance use/abuse/dependency
109	Record personal observations on patient during interviews
110	Record patient's psychosocial history during interview
111	Prepare patient's psychosocial history from interview data
112	Prepare patient's psychosocial evaluation from interview data
113	Review patient's psychosocial evaluation with staff



Table B-15 (Continued)

Number	Tasks
	<p><b><u>E - ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (ADAPCP)</u></b></p> <p>128 Attend Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)</p> <p>129 Assist in developing alcohol and drug abuse policies</p> <p>130 Review ADAPCP policies</p> <p>131 Assist in local implementation of ADAPCP</p> <p>132 Monitor ADAPCP activities</p> <p>133 Identify ADAPCP problem areas</p> <p>134 Recommend/coordinate amendments/revisions to ADAPCP</p> <p>135 Assist in informing/educating personnel on ADAPCP</p> <p>136 Prepare/distribute ADAPCP literature</p> <p>137 Prepare briefings on ADAPCP</p> <p>138 Conduct briefings on ADAPCP</p> <p>139 Conduct ADAPCP counseling seminars for military commanders/individuals/groups</p> <p>140 Assist in identifying alcohol/drug abuse problems</p> <p>141 Interview clients/relatives of clients with drug/alcohol problems</p> <p>142 Counsel clients/relatives on drug/alcohol treatment/rehabilitation facilities</p> <p>143 Assist in screening/evaluating clients for treatment/rehabilitation</p> <p>144 Assist in local/federal/military veterans drug/alcohol treatment programs</p>

Table B-15 (Continued)

Number	Tasks
145	Conduct military ADAPCP orientation in civilian community
146	Coordinate military ADAPCP and civilian community programs
	<b><u>K - BEHAVIORAL SCIENCE INSTRUCTION</u></b>
261	Prepare/conduct briefings on behavioral science facilities/techniques
285	Instruct personnel in community education concepts
286	Instruct personnel in preventive mental health procedures
288	Instruct personnel in drug/alcohol abuse procedures

**APPENDIX C**  
**AIR FORCE PLANS OF INSTRUCTION**

**ADVANCED DRUG AND ALCOHOL ABUSE CONTROL (DAAC)**

Block I - Counseling

<u>No.</u>	<u>Time (hr)</u>
1 Registration, orientation, overview	3
2 General counseling skills and ethics	3
a. Ethics	
b. Techniques	
3 Special category counseling	4
a. Models	
b. Barriers	
c. World views	
4 Family counseling & education (evaluation in process)	8 (4 hr GD)*
5 Adolescent counseling - factors to consider	2
6 Intervention skills - preparation and dynamics	8 (6 hr GD)
7 Referral procedures (emphasis on AA)	4 (1 hr GD)
8 Written measurement and critique	2

Block II - Policy, Program, Office and Personnel Management

1 Air Force drug and alcohol policy - action options	8 (1 hr GD)
2 Evaluation process - interviewing, documentation, review	2 (1 hr GD)
3 Regimen developing	4 (2 hr GD)
a. Individual responsibility	
b. Establishment and documentation	
4 Rehabilitation committee functions	4 (2 hr GD)

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\* Includes "X" hours of guided discussions

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<u>No.</u>		<u>Time (hr)</u>
5	Case file management	6 (3 hr group GD)
	a. Control	
	b. Inspection	
6	Civilian program management - functions	6 (2 hr seminar)
7	Family assistance and support team management	4 (1 hr GD)
8	Prevention education management - evaluation	2 (1 hr seminar)
9	Drug/alcohol abuse control committee (DAACC)	6 (2 hr GD)
	a. Preparatory actions	
	b. Meeting actions	
10	Tracking systems - personnel data system	2 (1 hr GD)
11	Social actions roles and responsibilities	1
12	General social actions administration - functions	2 (1 hr GD)
13	Social actions on-the-job training (group facilitation)	2 (1 hr GD)
14	Social actions budget (operating)	2 (1 hr GD)
15	Supervision and recognition of social actions personnel	3 (1 hr GD)
16	Equal employment opportunity	
17	Team building - methods	3 (2 hr seminar)
18	Training in-house in-service techniques	3 (1 hr GD)
19	Time structuring - planning prioritizing	4 (2 hr GD)
20	Staff agency interfacing	2
21	Self-inspection program	3 (1 hr seminar)
22	Obtaining social actions personnel	3 (1 hr GD)
23	Staff assistance visits management	5 (2 hr group GD)

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\* Includes "X" hours of guided discussions

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<u>No.</u>		<u>Time (hr)</u>
24	Final measurement and critique	2
25	Oral critique	1

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\* Includes "X" hours of guided discussions



**DRUG AND ALCOHOL ABUSE CONTROL (DAAC)**

Block I - Program Administration and Education

<u>No.</u>	<u>Time (hr)</u>
1 Registration, orientation, and overview	3
2 Duties and responsibilities	2
a. Air Force social actions policy	
b. Air Force social actions section responsibilities	
3 Policies and programs	8
a. Main aspects of DAAC program	
b. Main aspects of civilian interfacing DAAC policies and programs	
4 DAAC education program	3
Strategies for lesson objectives:	
a. Supervisor's education	
b. Non-supervisor's education	
c. Alcohol awareness seminar	
d. Drug awareness seminar	
e. NCO prep education	
f. NCO leadership school education	
g. Special presentation steps	
5 Pharmacology - dangers of 7 classes of drugs	2
6 Briefings - preparation and presentation	3 (2 hr demo/ perf test)
7 Methods of identification (of D/A abusers)	1
8 Drug testing program	
Types of testing; chain of custody procedures	5 (3 hr discussion)

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<u>No.</u>		<u>Time (hr)</u>
9	Social evaluation interview	10 (7 hr discussion)
	a. Characteristics	
	b. Role play interview	(performance test)
	c. Role play interview documentation	(performance test)
	d. Evaluation of program entry or non-entry	
10	Conducting social actions education program	15 (5 hr discussion)
	a. Scheduling	
	b. Personalizing lesson plans	(performance test)
	c. Preparation of support materials	(performance test)
	d. Lecturing	(performance test)
	e. Guided discussion personalization	(performance test)
	f. Guided discussion practice	
	g. Verifying attendance	
	h. Training evaluation methods	
11	Rehabilitation committee meeting	15 (11 hr discussion/ role play)
	a. Purpose	
	b. Preparation	
	c. Role play meeting	
	d. Role play meeting documentation	
12	Personnel data system	3 (performance test)
	a. ID errors in listings	
	b. Entering data	
	c. Updating data	
	d. Retrieving data	
	e. Deleting data	
13	Case Files	4
	a. Safeguarding	
	b. Access	
	c. Disposal	
	d. Arrangement of documents	(performance test)
14	Referral/support resources	1
	a. Developing listings	
	b. Dealing with referrals	

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<u>No.</u>	<u>Time (hr)</u>
15 Separating drug/alcohol rehabilitees	1
a. Briefing discharging personnel	
16 Career field structure and progression	3
a. Requirements of skill level ratings	
17 Conduct interviews	14 (12 hr demo/perf)
a. Role play individual interview	(performance test)
b. Role play group interview	(performance test)
18 Program administration	8
a. Air Force security, safety programs	
b. Graduate evaluation program	
c. Geographically separated units	
19 Summary of treatment letter	1
a. Content/recommendation for TDY	
20 Quality force personnel actions	2
a. UIF, personnel reliability program (PRP), line of duty (LOD) determinations	
21 HAF-MPX(Q) 7111 report	3 (2 hr GD)*
22 Staff assistant visits (SAV), schedule, data collection, brief Cmdrs, analysis, report	23 (15 hr demo/perf)
23 DAACC	6 (2 hr GD)
a. Structure	
b. Responsibilities of members	
c. Agenda preparation and content	
d. Minutes preparation	
e. Initiatives	(performance test)
24. Traffic safety	2
25. Written measurement and critique	4

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\* Includes "X" hours of guided discussions

<u>No.</u>	<u>Time (hr)</u>
<u>Block II - Counseling</u>	
1 Personal growth and professional development	13
a. Healthy communications	(10 hr GD/ demo/perf)
2 Personality theory	13
a. Types of ego states	
b. Self-concept	
3 Cross-cultural awareness	12 (6 hr GD/ 2 hr video tape)
4 General counseling techniques	9 (1 hr role play/ performance)
5 Reality therapy	14 hr (9 hr GD/ role play/ performance)
6 Group counseling	26 hr 18 hr GD/demo/ performance/ feedback)
7 Family assistance	6 (4 hr guided disc/demo)
8 Crisis intervention counseling	14 (10 hr GD/ performance)
9 Written measurement and critique	2

**APPENDIX D**  
**ARMY PLANS OF INSTRUCTION**

## U.S. ARMY ALCOHOL AND DRUG ABUSE TEAM TRAINING (USAADATT) COURSE

### PREFACE

#### A. PURPOSE

To provide military personnel and Department of the Army civilians with a working knowledge of the Army Drug Program. To stimulate understanding, personal concern, and to foster commitment to the goal of reducing alcohol and drug abuse in the Army.

#### B. INSTRUCTIONAL OBJECTIVES

1. Effectively manage/administer and provide command or staff support and assistance to any Army Alcohol and Drug Abuse Prevention and Control program (ADAPCP).

2. Identify and discuss major elements of the Army Alcohol and Drug Abuse Prevention and Control Program with an emphasis on managerial and administrative responsibility.

3. Discuss basic facts and theories about the biomedical, psychological, and social factors related to the abuse of drugs which are relevant to the rehabilitation process.

4. Describe current approaches of group and individual evaluation, treatment, and rehabilitation.

5. Discuss the mission, current techniques, and approaches to drug abuse prevention and education.

#### C. PREREQUISITES

Duty assignment must have a significant relationship to the implementation, planning, or administration of the Drug and Alcohol Abuse Prevention and Control Program. This includes the following kinds of personnel: ADCO and other personnel who have significant administrative responsibilities in the program; Commanders, Sergeants Major, and First Sergeants; DPCA and DCSPER; Chaplains, Staff Judge Advocates, AMEDD and Military Police Officers who are involved in support of the prevention and control effort; key members of installation Alcohol and Drug Dependency Intervention Councils (ADDIC).

### Notes

Students receive 43 periods of common core instruction and are assigned one of two 24 period human relation exercise blocks (either Managerial Development in HUREX or Training Groups in HUREX).

Students are allowed to select a total of 12 periods of instruction from an overall total of 24 periods of educational alternatives available.



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## BODY

	<u>Periods</u>
A. <u>Academic Subjects</u>	(111)
AR 600-85, U.S. Army Drug and Alcohol Prevention and Control Program (ADAPCP)	6
Values Clarification	4
Introduction to Human Relations Exercise (HUREX)	1
Managerial Development in HUREX	24
Training Group in (HUREX)	24
Command Structure and Organization of the U.S. Army	2
Alcohol and Drug Abuse Prevention and Control	4
Program Records Management	
Overview of Drugs	6
Smoking as Substance Abuse	2
Alcoholism and the Family	2
Psychosocial Aspects of Alcohol and Drug Abuse	2
Overview of Alcoholics Anonymous	2
Alcoholism and Child Abuse	2
Women and Alcoholism	2
Current Trends in Alcohol and Drug Abuse Field	2
Reality Therapy	2
Introduction to Transactional Analysis (TA)	2
Crisis Intervention	2
TA: Games Alcoholics Play	2
An Overview of Drug Education/Prevention	4
Early Identification of the Troubled Employee	2
Supervisory Responsibilities to the Troubled Employee	4
Alternatives to Alcohol and Drug Abuse	2
Teaching Values Clarification	2
Precourse Examination	1
Postcourse Examination	1
Marijuana	2
Command Consultation	2
Legal Aspects of Drug Abuse	2
Legal Aspects of Administrative Separation	2
Health Services Command	2
B. <u>Types of Instruction</u>	
Discussion	13
Examination (1)	2
Lecture	57
Non-Academic	11
Practical Exercise (1)	45
Total	128

## U.S. ARMY ALCOHOL AND DRUG ABUSE FAMILY COUNSELING

### PREFACE

#### A. PURPOSE

To provide Alcohol Drug Abuse Prevention and Control Program (ADAPCP) and other key installation counselors with training required to fulfill their respective duties in implementing the ADAPCP Family Plan. To provide extensive information including: development and maintenance of a therapeutic atmosphere, goal setting, direct and indirect intervention, fostering of change, treatment strategies, and termination.

#### B. INSTRUCTIONAL OBJECTIVES

1. Analyze theories of family counseling, with special emphasis on family systems and structure when a substance abusing member is present.
2. Starting with forming of a therapeutic alliance, describe the cycle of a typical family counseling sequence.
3. Using the advocated model for families with a substance abusing member, apply concepts, skills, and techniques of family counseling.

#### C. PREREQUISITES

Attendees must have a counselor duty assignment that relates directly or indirectly to the Army drug/alcohol treatment and prevention effort oriented towards the military family. This includes Behavioral Science Specialists (91Gs), Department of the Army civilian counselors, and civilian masters degree level counselors (e.g., social workers, clinical or counseling psychologists). 91Gs and Department of the Army civilian non-masters degree counselors must have the 5H-F4 USADART Group and the 5H-F7 Family Services courses. Masters level counselors must have completed the 5H-F5 USADART Group course. Priority will be given to those individuals who have a primary duty assignment as a counselor in any Army drug/alcohol treatment or rehabilitation setting.

**BODY**

**Periods**

**A. Academic Subjects**

Theories of Family Treatment	2
Family Systems Theory	2
Family Structure	4
Family Treatment: Initial Phase	11
Direct Intervention Techniques	9
Indirect Intervention	2
Termination	7
Family Treatment Practicum and Processing	38

**B. Types of Instruction**

Seminar	23
Practical Exercise (2)	52
Examination (3)	2
Non-Academic	<u>13</u>

Total 90

**U.S. ARMY DRUG AND ALCOHOL REHABILITATION TRAINING GROUP COURSE**

**PREFACE**

**A. PURPOSE**

To provide selected military personnel and Department of the Army civilians with a working knowledge of group skills and techniques necessary to effectively counsel clients in the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).

**B. INSTRUCTIONAL OBJECTIVES**

Within an Army drug and alcohol treatment or rehabilitation setting, apply skills and techniques of group counseling to alcohol and drug abuse clients.

**C. PREREQUISITES**

Personnel must have a primary duty assignment as a counselor in an Army drug/alcohol treatment or rehabilitation setting and must have at least one year of retainability. Personnel must have completed the 5H-F4 USADART Advanced Course (no longer offered) or the 5H-F4 USADART Individual Course.

**BODY**

	<b>Periods</b>
<b>A. <u>Academic Subjects</u></b>	
Overview of Program Model and Leader Behavior	3
How Groups Work: Theoretical Curative Factors	2
Starting a Group: Selection and Preparation of Group Members	3
Starting a Group: The First Session	2
Group Development: Dependence, Counter-Dependence, Resolution, Enchantment, Disenchantment, Consensual Validation	4
Process: Here and Now Focus, Intervention Style, and Group Leadership Questionnaire	8
Group Phenomena: Dependency, Transference, Silence, Resistance, Acting-Out	2
Group Phenomena: Specific Problem Behaviors	3
Case Notes and Group Reporting	2
On-Going Assessment of Change	2
Concurrent Individual Counseling and Co-Leadership	2
Emotional Distress in Groups	2
An Overview of Counselor Growth and Development	2
Termination and Follow-up	1
Practicum Groups and Processing	38
Examinations (Pre and Post Course)	2
<b>B. <u>Types of Instruction</u></b>	
Examination (1)	2
Lecture	26
Non-Academic	12
Practical Exercise (1)	<u>50</u>
Total	90

**U.S. ARMY DRUG AND ALCOHOL REHABILITATION TRAINING INDIVIDUAL  
(USADART INDIVIDUAL) COURSE**

**PREFACE**

**A. PURPOSE**

To provide selected military personnel and Department of the Army civilians with a working knowledge of individual skills and techniques necessary to effectively counsel clients within the Army Drug and Alcohol Abuse Prevention and Control Program (ADAPCP).

**B. INSTRUCTIONAL OBJECTIVES**

Within an Army drug and alcohol treatment or rehabilitation setting, apply skills and techniques of individual counseling to alcohol and drug abuse clients.

**C. PREREQUISITES**

Personnel must have a primary duty assignment as a counselor in an Army drug/alcohol treatment or rehabilitation setting and must have at least one year of retainability. Personnel who have attended the Advanced USADART (5H-F4) Course are not eligible for this course.



**BODY**

	<b>Periods</b>
<b>A. <u>Academic Subjects</u></b>	
Communication Awareness Skills: Active Listening	2
Self-Disclosure and Feedback	
Transactional Analysis: Strokes and Drivers	2
Principles of Reality Therapy	2
Counseling Step 1: Establishing Involvement	2
with the Client	
Counseling Step 2: Examining Current Behavior	2
Counseling Step 3: Evaluating Behavior and Committing	2
to Change	
Counseling Step 4: Making a Plan and Counseling	2
Counseling Step 5: Obtaining a Commitment	2
Counseling Step 6: Evaluating Plan Implementation	2
Counseling Step 7: Therapeutic Termination	2
Counseling Practicum	19
Student Evaluation Conference	2
Outreach and Consultation	2
AR 600-85, U.S. Army Alcohol and Drug Abuse	3
Prevention and Control Program (ADAPCP)	
Overview of Drugs	6
Psychiatric Emergencies	2
Problem Oriented Medical Record (POMR)	2
Training Groups in Human Relations Exercise (T-Groups	24
in HUREX)	
<b>B. <u>Types of Instruction</u></b>	
Conference	2
Demonstration	6
Lecture	24
Non-Academic	12
Practical Exercise (1)	46
	<hr/>
<b>Total</b>	<b>90</b>

**U.S. ARMY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (ADAPCP)  
MANAGEMENT COURSE**

**PREFACE**

**A. PURPOSE**

To give selected personnel a working knowledge in the management and administration of the ADAPCP, ASI for which trained: ASI-7S.

**B. INSTRUCTIONAL OBJECTIVES**

1. Effectively manage/administer and supervise the Army's ADAPCP at installation level.

2. Understand and be able to implement the techniques, practices and managerial concepts involved in the programming, budgeting, and reporting of funds and personnel.

3. Discuss the mission, function, and the support provided by the Military Personnel Management System and the Civilian Personnel Office as related to their responsibilities of effectively selecting, managing, supervising, and evaluating military and civilian personnel.

4. Demonstrate a working knowledge of the records and reports developed in the ADAPCP.

5. Describe the role ADAPCP personnel play in coordination with various community elements and the techniques which can be implemented to make those coordination efforts effective.

**C. PREREQUISITES**

Active Army, DA civilians, Reserve Components and National Guard: Duty assignment must be to the installation ADCO, EDCO or CPC position with direct responsibility for the implementation, planning, and administration of the ADAPCP.

**BODY**

**Periods**

**A. Academic Subjects**

Overview of Drugs	4
AR 600-85	4
Preparing for ADAPCP Inspection Team Visits	2
Consultation with Local ADAPCP (EDCO, CPC)	4
Interfacing Regulations (ADCO, EDCO)	2
Alternatives to Alcohol and Drug Abuse	2
Theory and Techniques of Adult Education	5
Interfacing Regulations (CPC)	2
Working in the DPCA Arena: Overview of CPC Role and Responsibilities	4
Working in the DPCA Arena: Overview of ADCO Role and Responsibilities	4
Analysis of Individual Community	9
Supervising/Evaluating Drug Education Efforts	2
Working in the DPCA Arena: Overview of EDCO Role and Responsibilities	4
Overview of Drug Education Prevention	2
Drug Education Seminar (EDCO, CPC)	2
Preparation of Dynamic Presentations I, II, III (EDCO, CPC)	11
Personnel Actions in Managing Civilian Employees	2
Early Identification of Situations Requiring Administrative, Educational, or Clinical Intervention	2
Staffing the CCC: Selecting and Supervising Personnel (ADCO)	5
Drug Records Management	5
Establishing and Maintaining Liaison with Other Agencies	4
Command Consultation	2
Briefing Preparation: Format and Techniques for Apprising Command and Making Recommendations	4
Legal Aspects of Drug Abuse	2
Legal Aspects of Administrative Separations	2
Introduction to the Resource Management System	14
Survey of Civilian Personnel Management in the Department of the Army	2

**B. Type of Instruction**

Conference	65
Seminar	7
Practical Exercise	35
Non-Academic	7

Total 114

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